



## Ocular Surface Disease (OSD) Evaluation Form

Patient \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

OSD is much more than just “dryness,” or an insufficient production of tears. It is a very complex condition determined by the combination of multiple underlying issues affecting the tear film composition and ocular surface. Without taking the time and attention to determine the real cause, doctors and patients resort to a trial and error approach.

Today, we will do a comprehensive examination of everything that might affect the quality and quantity of your tears. We will work to determine what’s truly causing your symptoms, and create a plan *together* to change the environment and stabilize your symptoms. The exam will be focused and you will be told a lot of information. The key is to not to panic, trust that everything will be written down, and trust the plan. OSD success requires dedication to the treatment course. Though there is no cure for OSD, if you commit to the treatment plan, you will experience success!

**Please thoughtfully answer the questions below. Your history is CRITICAL and provides us with a much better understanding of your condition, it’s possible cause, and how to help.**

- > How long have you had discomfort or “felt” your eyes?
- > How many doctors have you told?
- > Please list all products and treatments you have tried in the past. Circle what you are still using and indicate the frequency.

- Do you have any known environmental allergies?

- If so, to what and what's your reaction?

- Do you take any medications for allergies?

- > Describe how your eyes feel when the alarm clock goes off in the morning:

> Midday:

> Nighttime:

> How do you spend your day? (ie. outside, reading, etc)

> Do you smoke?

> How many hours do you spend looking at any device throughout the day?

> Do you wear contact lenses?

PLEASE SEE BACK

Symptom	Which eye is worse?	Experienced Daily?	Experienced Weekly?	Experienced Monthly?	Severity 1-10 (10 is terrible)
Hard to open					
Blink frequently					
Blink to see better					
Tearing					
Discharge					
Gritty					
Itching					
Burning					
Redness					

**MEDICAL CONDITIONS (CHECK ALL THAT APPLY)**

<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Sjogrens	<input type="checkbox"/>	Chemo / Radiation
<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Bells Palsy	<input type="checkbox"/>	Rheumatoid Arthritis
<input type="checkbox"/>	Thyroid: Hyper / Hypo	<input type="checkbox"/>	Allergies / Hypersensitivity	<input type="checkbox"/>	Lupus / Fibromyalgia
<input type="checkbox"/>	Hepatitis C	<input type="checkbox"/>	Rosacea / Dermatitis	<input type="checkbox"/>	Sarcoidosis
<input type="checkbox"/>	Herpes	<input type="checkbox"/>	Sleep disorders / CPAP	<input type="checkbox"/>	Autoimmune Disease
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**MEDICATIONS (CHECK ALL THAT APPLY)**

<input type="checkbox"/>	Diuretic	<input type="checkbox"/>	Accutane	<input type="checkbox"/>	Hormone Replacements
<input type="checkbox"/>	Antihistamine	<input type="checkbox"/>	Botox injections	<input type="checkbox"/>	Oral Contraceptives
<input type="checkbox"/>	Decongestant	<input type="checkbox"/>	Antidepressant / Antianxiety	<input type="checkbox"/>	Fish oil / Flaxseed oil
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**IRRITANTS (CHECK ALL THAT APPLY)**

<input type="checkbox"/>	Reading	<input type="checkbox"/>	AC / Heat (Home and car)	<input type="checkbox"/>	Ceilings fans
<input type="checkbox"/>	Computer / Device use	<input type="checkbox"/>	Wind	<input type="checkbox"/>	Department stores
<input type="checkbox"/>	Contact Lenses	<input type="checkbox"/>	Smoke	<input type="checkbox"/>	Work environment

**SYMPTOMS AND DURATION**

<input type="checkbox"/>	Dry Mouth	<input type="checkbox"/>	mo/yr
<input type="checkbox"/>	Unexplained fatigue	<input type="checkbox"/>	mo/yr
<input type="checkbox"/>	Joint pain	<input type="checkbox"/>	mo/yr

**OTHER NEW OR UNDIAGNOSED SYMPTOMS:**

Your Rheumatologist?	
Your Primary Care Doctor?	
Your Primary Eye Care Doctor?	
Who referred you today?	

**Notification of Office Policies for Same Day Cancellations and Missed Appointments for Procedures:** Due to the allotted time and staffing requirements for specialty services our no show or cancellation with less than a 48-hour notification is as follows:

- OSD Evaluation Policy: If your OSD Evaluation appointment is missed or cancelled with less than a 48-hour notice, a \$109.00 missed appointment fee will be charged to you. If an OSD follow up appointment is missed or cancelled with less than a 48-hour notice, a \$59.00 missed appointment fee will be charged to you. You will need to repay the OSD Evaluation fee in order to reschedule your OSD Evaluation or OSD follow up appointment.
- Specialty Testing Policy: If your Specialty Procedure (IPL, TempSure, Lipiflow, Blephex, LLLT, etc.) appointment is missed or cancelled with less than a 48-hour notice, you will forfeit 50% of the total cost for the procedure(s) that were scheduled on that day. You will need to repay the 50% balance owed in order for us to reschedule any future appointments.