

RED RIVER EYE & LASER CENTER

THOMAS A. PLANCHARD, M.D.

PLEASE TELL US ABOUT YOURSELF

PRE - EXAM QUESTIONNAIRE

Name: _____ Date: _____

Laser Vision Correction

1. How long have you worn corrective lenses? _____ yrs
2. I normally wear (check one): Glasses Contacts
3. Why are you interested in laser vision correction?

4. What difficulties, irritations, or problems are you currently having with wearing glasses/contacts?

5. What activities do you want to participate in without glasses/contacts?

6. Have you had friends or family who've had their vision corrected?

7. Did you attend one of our seminars? ___ Yes ___ No
8. What questions or concerns do you have about laser vision correction?

9. On a scale of 1 - 10 how interested are you in having your vision corrected? (1 = not interested; 5 = interested, but need more information; 10 = ready today)
1 - - - - 5 - - - - 10
10. Since laser vision correction is not normally covered by insurance, how do you plan on financing the procedure?
 Cash Credit Card I would need to apply for financing
11. When do you foresee yourself having your vision corrected?
 As soon as possible 1-3 months 3-6 months 6+ months

Thank You!!

Please return this form to the receptionist.