

ROBERT J. SPIES, MD, FACS
Aesthetic and Reconstructive Plastic Surgery
QUESTIONNAIRE BEFORE EYELID SURGERY

(Please complete all items. Please print)

1. Do you wear glasses or contact lenses? (circle which) or Neither.
2. Do you have any history of glaucoma or other eye diseases? No Yes
(if yes please
Explain: _____

3. Have you ever had any injuries or surgery to the eyes or eyelids? No Yes (If
yes, please explain: _____
4. Do you have frequent irritations to the eyes or the eyelids? No Yes (If yes please
explain: _____
5. Do you now take or have you taken medications or drops for the eyes? No Yes (If
yes please explain and list medication: _____
6. Are you bothered by dry eyes? No Yes
7. Do your eyes tear excessively? No Yes
8. Do you now have or have you ever had visual problems with one or both eyes?
No Yes If yes please explain _____
9. Do you notice swelling of you lower eyelids (bagginess in the morning)? No
Yes (If yes please explain: _____
10. Do you experience recurring eye pain? No Yes
11. Have you ever had loss of vision? No Yes
12. Do you see rainbow rings around lights? No Yes
13. Is your night vision poor? No Yes
14. Do you have swelling of your eyelids associated with allergies or hay fever? No Yes
15. Have you ever been told that you have ptosis (drooping) of your eyelids? No Yes
16. When was your last visual examination: _____ What is the
name of your ophthalmologist: _____
17. Are there any other eye problems, which you have that we have not asked about that
you feel we should know? No Yes (If yes, please explain:

I signify that the information provided above is correct to the best of my knowledge.

Signed **X** _____