



### KERATOCONUS QUESTIONNAIRE

1. Have you been diagnosed with keratoconus, post RK or post Lasik ectasia? Y/N. If so, Please circle the diagnosis above and list date of diagnosis \_\_\_\_\_ (date).
2. Have you had LASIK, PRK, RK, SMILE procedure? Please circle: Yes/No.  
Please circle: Both eyes, right eye, left eye. Procedure date: \_\_\_\_\_.
3. Has anyone else in your family been diagnosed with keratoconus? Y/N.  
Please list relationship(s): \_\_\_\_\_
4. Do you have a history of asthma, eczema or hay fever Y/N please circle condition(s)
5. Have you or your family members been diagnosed with connective tissue disorders such as Marfan syndrome, Loeys-Dietz syndrome, Ehlers-Danlos syndrome, or familial thoracic aortic aneurysm and/or dissection? Y/N. please circle which one
6. Do you or your family members have hypermobile joints, frequent joint dislocations or soft, velvety, easily-stretched skin? Y/N Please circle which ones(s)
7. Have you ever been diagnosed with a herpetic eye infection? Y/N. which eye? R/ L
8. Please place a check by any/all of the following symptoms you have experienced:  

_____ A history of declining vision	_____ Contact lens intolerance
_____ Visual distortion	_____ Difficulty driving at night
_____ Glare	_____ Halos around lights
_____ Light sensitivity	_____ Eyestrain
_____ Ghosting	_____ Excessive eye rubbing
_____ Cloudy vision	_____ Blurred vision
_____ Double vision	_____ Frequent changes in prescriptions?
_____ Inability to obtain adequate vision with eyeglasses	
9. Eyeglass or contact lens prescription changed within the last two years? Y/N.

PATIENT'S SIGNATURE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Craig E. Berger, M.D.

updated 12/2022