ROBERT J. SPIES, MD, FACS
Aesthetic Plastic Surgery

EYELID SURGERY QUESTIONNAIRE

1. Do you wear glasses or contact lenses? (please circle) Glasses, Readers, Contact Lenses or None.
2. Do you have any history of glaucoma or other eye diseases? ☐ No

   ☐ Yes- please explain:_____
3. Have you ever had any injuries or surgery to the eyes or eyelids? ☐ No

   ☐ Yes- please explain:_____
4. Do you now take, or have you taken medications or drops for the eyes? ☐ No

   ☐Yes- please explain and list medication: _____
5. Are you bothered by dry eyes? ☐ No ☐ Yes
6. Do your eyes tear excessively? ☐ No ☐ Yes
7. Do you now have or have you ever had visual problems with one or both eyes? ☐ No

   ☐ Yes- please explain_____
8. Do you notice swelling of your lower eyelids (bagginess) in the morning? ☐ No

   ☐ Yes-please explain: _____
9. Have you ever had loss of vision? ☐ No ☐ Yes
10. Is your night vision poor? ☐ No ☐ Yes
11. Do you have swelling of your eyelids associated with allergies or hay fever? ☐ No ☐ Yes
12. Have you ever been told that you have ptosis (drooping) of your eyelids? ☐ No ☐ Yes
13. When was your last visual examination: _____

    What is the name of your ophthalmologist: _____