

EYELID LIFESTYLE EVALUATION FORM

Dear Patient:

Your doctor has diagnosed you with an eyelid condition that is causing you to have decreased peripheral (side) vision. Before you have surgery we would like to know if you believe your vision is interfering with your living activities. Please answer the following yes or no questions.

1. Do you ever have problems driving because your eyelids block your vision? Yes No
2. Do you ever notice that you have limited side vision because your eyelids block your vision? Yes No
3. Do you notice that you are constantly using your forehead muscles to raise your eyelids in order to see? Yes No
4. Do you ever bump your head on overhead cabinets because your eyelids are blocking your vision? Yes No
5. Do you ever lift your eyelids with your fingers in order to see things? Yes No
6. Do you ever experience headaches from involuntarily raising your eyelids to see? Yes No
7. Are you having any problems with your daily living activities as a result of this decreased vision? Yes No
8. Do your eyes feel heavy and tired when you read? Yes No

If you are experiencing any of the above difficulties in your vision, then you may benefit from eyelid surgery which your doctor has recommended. However, if you are not experiencing any of these problems, you may not need eyelid surgery at this time. Eyelid surgery is most often not an emergency and can be delayed without a significant risk to the health of your eyes.

To improve the quality of my vision and lifestyle based on the information above I desire to have eyelid surgery at this time.

SIGNED: _____ DATE: _____

WITNESS: _____ DATE: _____