



Pre-Operative Questions for Cataract Surgery

Patient Name: _____

1. Yes or No Have you worn contact lenses within the past two weeks?
2. Yes or No Have you ever had any eye surgery before? (LASIK, LASEK, PRK, RK, cornea, strabismus etc.)
3. If yes what type of eye surgery: _____

If the surgery was LASIK was it for nearsighted or farsighted: _____

4. Yes or No Have you ever used any of the following medicines (even once) -- circle medicine:
(usually for prostate or urinary problems)

Flomax or Tamsulosin

Uroxatral or Alfuzosin

Cardura or Doxazosin

Rapaflo or Silodosin

Minipress or Prazosin

Proscar or Finasteride

Hytrin or Terazosin

Avodart or Dutasteride

Saw Palmetto

Patient Signature

_____/_____/_____
Date