Cataract and IOL Options Questionnaire

Cataract Surgery has changed dramatically over the years. Traditional cataract surgery is typically covered well by insurance and Medicare. This option usually means you will be wearing glasses for your best vision both distance and near.

**Catalys™ Custom Laser Assisted Cataract Surgery** uses the latest technology and is considered a non-covered elective upgrade by insurance companies and will incur an out of pocket expense.

The direction that you want to proceed depends upon your prescription, your lifestyle, and your expectations.

Please take a moment to complete the following questionnaire so we may more efficiently tailor your examination to your desire.

1. Are you interested in minimal wear of glasses after cataract surgery?
   _____Yes    _____No

2. Are you interested in seeing well **at distance** (driving, TV, movies) without glasses after surgery?
   _____Prefer no distance glasses
   _____I wouldn’t mind wearing distance glasses

3. Are you interested in seeing well **at near** (watch, phone, newspaper) without glasses after surgery?
   _____Prefer minimal wear of reading glasses
   _____I don’t mind wearing reading glasses

Patient Name_____________________

Today’s Date_______________________
4. If you **had** to wear glasses after surgery for one activity, for which activity would you be **most** willing to use glasses?

    ____Reading fine print   ____Computer   ____Driving

5. If you could have good **distance vision during the day** without glasses, and good **near** vision for reading without glasses, but the compromise was that you might see some **halos** around lights at night, would you like that option?

    ____Yes   ____No

6. Please place an “X” on the following scale to describe your personality as best you can:

    Easy Going---------------------------------------|---------------------------------------Perfectionist

---

**Prior Vision Correction Surgery**

Have you had any vision correction surgery?   ____Yes   ____No

Were you previously   ____nearsighted or   ____farsighted

    ____RK or Radial Keratotomy
    ____AK or Astigmatic Keratotomy
    ____PRK or Photorefractive Keratectomy
    ____LASIK or laser surgery for near-sightedness, or farsightedness

If you answered “Yes” to this question, if available, please have your preoperative exam and surgical records sent to our office. We will need this information prior to your cataract preoperative exam.

This information is **VERY** important for your cataract surgery calculations.

*Patients who have had previous refractive surgery or patients who are choosing the Catalys™ Custom Laser Assisted Cataract Surgery will need additional testing in order to calculate the appropriate implant power, as standard biometry measurements are not accurate. Most insurance carriers, as well as Medicare, will pay for this testing. Some do not. The charge for this is $75 per eye.*