

**NAME** \_\_\_\_\_

Check all symptoms experienced since last visit.

- Dry eyes
- Blurry vision
- Redness
- Burning
- Itching
- Light sensitivity
- Excessive tearing/watery eyes
- Tired eyes/eye fatigue
- Stringy mucous in or around the eyes
- Foreign body sensation
- Contact lens discomfort
- Scratchy, feeling of sand or grit in eye
- Fluctuating vision

Have you ever treated yourself for dry eyes?  Yes  No

Have you used any eye drops in the last 2 hours?  Yes  No

**FOR OFFICE  
USE ONLY**

Initials of Ordering Physician \_\_\_\_\_ Date \_\_\_\_\_

**OSMOLARITY MEASUREMENTS**

Right Eye (OD) \_\_\_\_\_ (mOsm/L)      Left Eye (OS) \_\_\_\_\_ (mOsm/L)

Inter-eye difference is >8 mOsm/L  Yes  No

Osmolarity  Normal  Abnormal

Patient dry eye severity  Mild  Moderate  Severe

Schedule for dry eye workup  Yes  No



300

320  
(mOsm/L)

340