



Tell your doctor how your eyelids or eyebrows affect your vision and your life. The doctor cannot make the decision for you, but talking with your doctor can help you decide.

Please circle yes or no to the statements below and share them with Dr. Roth.

**Yes NO** My upper eye lid position interferes with my superior or peripheral vision. Lifting my eye lids improves my vision.

**YES NO** My upper eye lid position causes difficulty with reading or driving. Lifting my eye lids improves my vision.

**Yes NO** My upper eye lid condition causes me to look through my eyelashes or see the upper eyelid skin.

**Yes NO** My upper eye lid condition causes the skin to become red and irritated. I experience swelling and chapping of the skin which causes discomfort.

**Yes NO** My eyes feel fatigued or tired as I continuously have to raise my forehead muscles for improved vision.

Other concerns with your eyelids or eyebrow \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Skin Type Classification Circle the description that best describes your skin**

Type I (very white or freckled) - Always burn

Type II (white) - Usually burn

Type III (white to olive) - Sometimes burn

Type IV (brown) - Rarely burn

Type V (dark brown) - Very rarely burn

Type VI (black) - Never burn

Patient's Name \_\_\_\_\_

Patient's Signature \_\_\_\_\_ date \_\_\_\_/\_\_\_\_/\_\_\_\_