

Patient Name: _____
Street Address: _____
City/Province: _____ Postal Code: _____
Email Address: _____
Home Phone: () _____
Business Phone: () _____
Family Doctor: _____
Referred By: Family Doctor
 Other (specify) _____

Please:

1. Print this form, complete it and bring it to your appointment.
2. Arrive 15 minutes before your appointment time for check in.
3. Bring your health card to your appointment.
4. Bring any spectacles that you currently wear.
5. Bring along a list of medications (or complete page 2 of this form).

What is the reason for your visit? (Please check all that apply.)

- Want a comprehensive eye exam
- Near vision has changed
- Distance vision has changed
- Glasses are broken or need replacing
- Problem with contact lenses
- Require report for
 - RCMP
 - OPP
 - MTO
 - Job Application
 - London Force
 - Other
- Family Doctor Requested
- School requested
- Other (specify) _____

Have you noticed any of the following symptoms? (Please check all that apply.)

- Problems with headaches
- Eye aches or eye strain
- Spots in front of the eyes
- Double vision
- Eyes watering, stinging or burning
- Eye injury since your last visit (specify) _____

Continued on next page

Medical History:

Do you have any of the following health conditions?

- High Blood Pressure
- Diabetes
- Arthritis
- Heart Disease
- Thyroid Disease
- Allergies (please specify) _____
- Other (please specify) _____

Has there been any change to your general health since your last visit to a doctor or optometrist?

- Yes (please specify) _____
- No

Medications

Please list your current medications, as certain drugs may affect your eyesight.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Vocational and Recreational Demands

If you have special visual needs relating to your work, home or hobbies, please describe them here:

Contact Lenses

- Are you having problems with your contact lenses? Yes No
- Are you interested in trying contact lenses? Yes No

Office Use Only

- Data recorded
- Data not recorded