

PATIENT CASE HISTORY

Kindly update the following records 24 hours in advance to ensure that your experience is as safe and efficient as possible.

PERSONAL INFORMATION

Name :	<input type="text"/>	Preferred Name :	<input type="text"/>	D.O.B :	<input type="text"/>
Parent(If under 18):	<input type="text"/>	Address :	<input type="text"/>		
Home Phone :	<input type="text"/>	Cell Phone :	<input type="text"/>	Email :	<input type="text"/>
Occupation :	<input type="text"/>	Referred by :	<input type="text"/>	OHIP# :	<input type="text"/>
Family Doctor :	<input type="text"/>		Phone Number :	<input type="text"/>	
Hobbies :	<input type="text"/>			Hours of Computer/Digital Media per day :	<input type="text"/>
Insurance 1 :	<input type="text"/>	Plan :	<input type="text"/>	Policy :	<input type="text"/>
Insurance 2 :	<input type="text"/>	Plan :	<input type="text"/>	Policy :	<input type="text"/>

Please rebook your appointment if you are:

Experiencing any of the following symptoms (or a combination of these symptoms)?

- fever
- new cough
- difficulty breathing (for example, struggling for each breath, cannot hold breath for more than 10 seconds)
- muscle aches
- fatigue
- headache
- sore throat
- runny nose
- or have come into contact with someone with COVID or suspected having COVID

Symptoms in young children may also be non-specific (for example, lethargy, poor feeding).

I confirm that I do not have any of the above symptoms.

If you are experiencing any of the following symptoms, go to the ER?

- severe difficulty breathing (for example, struggling for each breath, speaking in single words)
- severe chest pain
- having a very hard time waking up
- feeling confused
- lost consciousness

I confirm that I do not have any of the above symptoms.



URGENT CARE

If you think this may be an urgent situation, please contact us ASAP. A virtual consult will be arranged.

Urgent care depending on the severity may include the following:

- Sudden onset of vision loss
- Flashes, floaters, shadow, or veil
- Red eye
- Eye Pain
- Eye injury, trauma and inflammation
- Sudden onset of double vision

CHECK ALL THAT APPLY:

Please report any history of...

SELF | FAMILY

- Prescription Eyewear
- Macular Degeneration
- Glaucoma
- Cataracts
- Retinal Detachment
- Blindness
- Lazy Eye/Eye Turn
- Colour Vision Deficiency
- Other Eye Condition
- Diabetes
- Hypertension
- Heart Disease
- Stroke
- Cholesterol
- Thyroid
- Cancer (Type _____)
- Neuromuscular/MS
- Other Diseases(_____)
- Learning Disability/ADD/ADHD
- Sunglasses
- Contact Lenses
- Eye Infections
- Eye Injury
- Head Injury/Concussion
- Eye Surgery
- Are you pregnant?
- Do/did you smoke? 2nd hand?
- Corrective lenses required for driving
- Medications
- Allergies
- Supplements

Do you experience any of the following with your glasses or contacts if you wear one...

- Blurry/strain for distance/driving/TV
- Blurry/strain for near/reading
- Blurry/strain for computer/tablet/phone
- Blurry/strain for schoolwork
- Blurry/strain for glasses/contacts
- Trouble with night driving
- Loose concentration when reading
- Pulling away to read
- Focusing adjustment
- Eyestrain
- Eye fatigue
- Double vision
- Squinting/Close One Eye
- Glare/Light sensitivity/Haloes
- Flashes of light
- Floaters/Spots/Shadows
- Headaches
- Tearing
- Dryness
- Itchy/Gritty/Scratchy
- Burning/Stinging
- Redness
- Discharge
- Eye Pain
- Dizziness
- Motion Sickness
- Skip words/lines or re-read
- Reverse letters/words while reading
- Difficulty completing tasks
- Wandering eye
- Poor colour vision

To provide best solutions, check all that apply...

- Prescription(Rx) for Eyeglasses
- (Rx) for Contact Lenses
- Sunglasses/Sun Solutions
- Sport/Safety Glasses Colored
- Contact Lenses Digital Eye
- Strain Solutions Laser/Lasik
- Consultation Genetic Testing
- for AMD Functional Vision
- Assessment Lenses to Improve
- Reading Lenses for Eye Strain
- Color Vision Deficiency Lenses
- Nutrition for Healthy Eyes Dry
- Eye Therapy
- Eye Lid Hygiene
- Makeup for Sensitive Eyes
- Myopia Prevention
- Low Vision Aids
- Learning Disability

MEDICAL

Medications:

Supplements:

Allergies:

Other: