

Ms/Mrs/Miss/Mr/Dr: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Initial M D Y

Phone Number: (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Spouse/Parent/Guardian: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alberta Health Care #: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ MemberID/Group #: \_\_\_\_\_

How did you hear about our clinic?  Phone book  Friend/family: \_\_\_\_\_

Dr. \_\_\_\_\_  Other \_\_\_\_\_

**Privacy Consent:** I agree to the Chinook Optometric Clinic collecting, using and disclosing personal information about me that is necessary for my eye care. I have been assured that my personal information will be kept confidential and secure and is available to me upon request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Occupation (or Grade level if a student): \_\_\_\_\_

Please list any problems that you are experiencing with your vision or your eyes:

When was your last eye examination? \_\_\_\_\_ By which doctor? \_\_\_\_\_

Please list any eye injuries, eye infections, eye surgery or eye conditions that you have had:

None ) \_\_\_\_\_

Please list any eye drops that you are currently using:

None ) \_\_\_\_\_

Please list any health conditions that you have: (e.g.  diabetes,  high blood pressure,  pregnancy)

None ) \_\_\_\_\_

Who is your family doctor? \_\_\_\_\_

Please list any medications that you are currently taking:

None ) \_\_\_\_\_

Please list any family history of eye disease: (e.g.  glaucoma,  cataracts,  macular degeneration)

None ) \_\_\_\_\_

Please list any allergies that you have:

None ) \_\_\_\_\_

Do you wear glasses?  Yes  No

Have you ever worn contact lenses?  Yes  No

Do you currently wear contact lenses?  Yes  No

If not, are you interested in them?  Yes  No

**If you currently wear contact lenses:** How old is your current pair of contact lenses? \_\_\_\_\_

How often do you replace them? \_\_\_\_\_

How many hours in a day (max.) do you wear them? \_\_\_\_\_

How many days per week do you wear them? \_\_\_\_\_

What solutions do you use to care for them? \_\_\_\_\_

