

[Office Use Only] Your visit today will be with: Ophthalmologist Optometrist

- **Expected Wait Time:** Approximately 90 minutes as new diagnostic tests may be provided.
- **Future Rx Refills:** Refills in-person is free of charge. Refills over email or fax will be \$25.
- **Future No Show and Cancellation Fee:** \$75 if no show or cancellation within 1 business day.

Full Name: _____ Male Female

DOB (DD/MM/YY) _____ OHIP Number: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: _____ Family Doctor: _____

Email: _____ Family Doctor Phone: _____

Referring Doctor: _____ Family Doctor Fax: _____

Previous Ophthalmologist and Last Seen: _____

Do You Have? **Yes** **No**

High Blood Pressure

Heart Disease

Diabetes

Cataracts

Glaucoma

Macular Degeneration

Retinal Detachments

AIDS/HIV

Hepatitis

Asthma/ COPD

Herpes Simplex/ Zoster

Rheumatoid Arthritis

Lupus/ Autoimmune Disease

High Cholesterol

Plaquenil Use:

Other: _____

Family History Of? **Yes** **No**

Glaucoma

Cataracts

Macular Degeneration

Retinal Detachment

Which Family Member(s)?

Yes **No**

Do you drive?

Wear contact lenses?

Have you had eye surgery or laser?

Yes **No**

What type?: _____

When?: _____