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Hello,

Due to COVID-19, our office procedures have been enhanced for your safety. To ensure a safe and efficient visit for you, we require that you complete and submit this Medical History and Needs Form in the next 48 hours to guarantee your appointment.

Please also note that as part of our new safety measures, we have implemented a contactless pay system. This will ensure your visit to our office is both convenient and safe.

**NOTICE OF COLLECTION OF PERSONAL INFORMATION AND CONSENT TO COLLECT**

"We" and "our" mean the following optometric practice: Carol Venn Optometry Professional Corporation (St Marys Optometry).

READ CAREFULLY BEFORE SIGNING: By signing this form, you consent to our collection of the information above.

We collect, use and share your personal information for the following purposes: your ongoing eye care; to provide services to you; to understand your eligibility for benefits and/or services; to arrange payment for services; and as required by law.

The collection of this information is authorized by the *Health Insurance Act, Optometry Act, Regulated Health Professions Act and Health Protection and Promotion Act*.

We will take all reasonable steps to ensure that your personal information stored by us in accordance with the *Personal Health Information Act* by making a request to: St Marys Optometry, 151 Queen St E, Box 70, St Marys ON, N4X 1A9.

If you would like to make a comment or complaint regarding the collection, use, disclosure or handling of your personal information you may contact: [hello@stmarysoptometry.ca](mailto:hello@stmarysoptometry.ca)

You also have the right to complain to the Information Privacy Commissioner / Ontario, 1400-2 Bloor Street East, Toronto, ON M4W 1A8 (800.387.0073)

Thank you for your cooperation.

# 1. Patient Information

Please fill out the following personal information

First Name:	Last Name:	Email Address*:	
Date of Birth:	Address:		
Home Phone:	City:	Province	Postal Code
Cell Phone:	Preferred Method of Contact: Tell us the best way to reach you.		
Family Doctor:	Family Doctor Phone Number:	Emergency Contact: First Name:	Last Name:
Insurance Information: Do you have insurance?		Emergency Contact Phone Number:	Emergency Contact Email:
Plan Name:	Policy #:	Group #	Do you have dependant coverage?
Health Card Information: Health card number:			Expiry date:

As per the Canadian Anti-Spam Legislation, I am providing my Express Consent to communicate electronically. I understand that my consent may be withdrawn at any time by emailing [hello@stmarysoptometry.ca](mailto:hello@stmarysoptometry.ca)

Please confirm your consent to receive electronic communications from St Marys Optometry.

- Yes, I do give consent
  
- No, I do not give consent

Signature \_\_\_\_\_

I \_\_\_\_\_ hereby consent to:

- Providing my credit card information to enable St Marys Optometry to set-up contactless payment for my visit.
- Providing my insurance company information
- Accepting payment receipts and optical prescriptions via email
- Providing my personal health information to ensure the time I spend in the office is efficient and focused on my medical care
- Being automatically charged a fee of 50% if I do not attend my appointment or cancel with fewer than 48 hours notice.

I, \_\_\_\_\_ have read the information on this form and **DO** consent to the above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Personal medical history**

Please list any medical conditions:

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Have you been diagnosed with an eye disease?

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Please list any previous eye surgeries:

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Please list all medications you are currently taking:

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Please list any allergies:

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Please list any eye diseases that run in your family:

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**3. Purpose of your visit**

Please describe your condition or purpose of your visit.

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**4. Corrective lens information**

Your answers to these questions will guide us in recommending the best products to meet your eyewear needs.

a) Do you wear the following:

Please check all that apply.

- Prescription Glasses
- Prescription Sunglasses
- Non-Prescription Sunglasses
- Contact Lenses
- I don't wear any of these

b) What do you use most of the time?

Please check all that apply.

- Prescription Glasses
- Prescription Sunglasses
- Non-Prescription Sunglasses
- Contact Lenses
- I don't wear any of these.

**5. Visual Needs**

Your answers to these questions will guide us in recommending the best products to meet your eyewear needs.

<p><b>a) Employment Information</b> Our eyes are also working. Please tell us what you do for work.</p>	<p><b>b) Job Description</b> Please describe your job duties to us.</p>
<p><b>c) Which do you do regularly?</b> Check all that apply.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Night Driving</li> <li><input type="radio"/> Work Outdoors</li> <li><input type="radio"/> Commute 20+ min. By Car</li> <li><input type="radio"/> Work w/ Small Objects</li> <li><input type="radio"/> Work Under Florescent Light</li> <li><input type="radio"/> Read for Long Periods</li> <li><input type="radio"/> Work on a Computer</li> <li><input type="radio"/> Travel on Airplanes</li> <li><input type="radio"/> Watch TV for 3+ hrs/day</li> <li><input type="radio"/> Work at a Desk</li> <li><input type="radio"/> Frequently Alternate Between Indoors &amp; Outdoors</li> </ul>	<p><b>d) Hobbies/Recreation</b> To help us better understand how to use your eyes, please list any recreational activities or hobbies that you enjoy.</p>
<p><b>e) What do you like about your current glasses?</b></p>	<p><b>f) Is there anything you do not like about your current glasses?</b></p>

**g) What is important when choosing your new glasses?**

Please check all that apply.

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| <ul style="list-style-type: none"> <li><input type="radio"/> Metal frame</li> <li><input type="radio"/> Plastic frame</li> <li><input type="radio"/> Semi-rimless</li> <li><input type="radio"/> Durability</li> <li><input type="radio"/> Light weight</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Budget conscious</li> <li><input type="radio"/> Frame Colour _____</li> <li><input type="radio"/> Fashion Trends _____</li> <li><input type="radio"/> Brand _____</li> </ul> |
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