

Please print out and fax completed copy to 905-659-3834 or bring to your next appointment.

Preferred Name: _____

Please take time to fill out the following information so we can better serve your eye care needs.

Reason for your visit: Regular check up or ... _____

Do you have extended benefits? Yes No Provider: _____

Any self history of...

- Cancer
- Diabetes
- High Blood Pressure
- Heart Problems
- High cholesterol
- Stroke
- Thyroid Condition
- Asthma
- Arthritis
- Others: _____

Any ocular history of ...

- Self Family
- Glaucoma
 - Cataracts
 - Retinal Detachment
 - Crossed / Lazy Eye
 - Colour Blindness
 - Macular Degeneration
 - Eye surgery

Are you interested in ...

- New spectacles
- A new prescription
- Light weight glasses
- Anti-reflection coating
- Durability
- Fashion
- Sunglasses / clip ons
- Sports glasses
- Contact Lenses
- Refractive Surgery

For new patients, how were you referred to us?

- Word of mouth / referred by: _____
- Family Doctor Phone Book _____

Do you wear glasses?

- Yes No

If yes, do you wear them for...

- Full time Distance Near _____

Do you wear contact lenses?

- Yes No

If yes, what type?

- Soft
- RGP

Disposable?

- No 1 day 2 week Monthly

If no longer, why did you stop?

Medications you take: _____

Allergies: _____

Family Doctor: _____

Occupation / Grade: _____

Hobbies / Sports: _____

**THANK YOU
FOR CHOOSING
OUR OFFICE
www.doctoreyes.ca**

I consent to Dr. Van Wyngaarden and her affiliates sending me publications containing announcements, promotions and other information about Dr. Van Wyngaarden's office and their products and services by phone, email, or other electronic communications.

Name _____ Email address _____ Signature _____

I understand I can withdraw my consent by contacting Dr. Van Wyngaarden's office at 835 Regional Road 97, Freelon, Ontario. 905-659-3937