



# CLARITY OPTOMETRY

DR. CAMILO GARZON

NAME: \_\_\_\_\_

HEALTH CARD # \_\_\_\_\_  
**PATIENT'S OCCUPATION:** (If Student what Grade?) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE #: (Home) \_\_\_\_\_  
 (Business) \_\_\_\_\_  
 (Other) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN (IF CHILD IS THE PATIENT): \_\_\_\_\_

FAMILY DR: \_\_\_\_\_

E-MAIL  
 I authorize consent to use my e-mail address for communication and verification.  
 (E-mail addresses will not be given out to 3rd parties.)

Check ALL that apply:

### FAMILY & PERSONAL HISTORY

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

	SELF	FAMILY	
1			Allergies
2			Arthritis
3			Asthma
4			Blindness
5			Cancer
6			Cataracts
7			Colour Deficiency
8			Crossed/Lazy Eye
9			Diabetes
10			Glaucoma
11			High Blood Pressure
12			High Cholesterol
13			HIV/Hepatitis
14			Macular Degeneration
15			Neuromuscular Problems
16			Retinal Detachment
17			Stroke
18			Thyroid Condition
19			Tuberculosis

	PROBLEMS
1	Blurry Distance Vision
2	Blurry Near Vision
3	Burning Eyes
4	Dark spots in vision
5	Discharge/Watery
6	Discomfort in brightness and sunlight
7	Double Vision
8	Eye Injury
9	Eye Strain
10	Flashes of Light
11	Floaters/spots in vision
12	Glare/Reflections/Halo's
13	Headaches
14	History of Eye Surgery
15	History of wearing Eye Patch
16	Itchy Eyes
17	Poor Night Vision
18	Rainbows around Lights
19	Red Eyes
20	Sandy/Dry eyes
21	Trouble Reading

	INTERESTS
1	New Glasses / Brands
2	Contact Lenses
3	Dry Eye Therapy
4	Durability
5	Laser Eye Surgery/ LASIK
6	Light Weight Glasses
7	Safety Glasses
8	Sunglasses

	How were you Referred:
1	Another Patient ( Please Specify )
2	Bus Stop at Rymal Road
3	Drive By
4	Facebook
5	Family Doctor
6	Flyers
7	Glanbrook Gazette
8	Google
9	Lawn Sign
10	Presencia Latina
11	The Sachem
12	Latino Newspaper
13	Previous Burl PX
14	Eye See Eye Learn
15	Other: (Please Specify)

List Of Medications:  
 \_\_\_\_\_  
 \_\_\_\_\_

I give consent for my Personal/Clinical information to be used by Dr. Garzon and Staff for any Eye Care services provided at this office.

Sign: \_\_\_\_\_