St Lawrence optometry

Dr. Rebecca Chippior Dr. Brandon Stephens Dr. Tiffany Nazareth
Dr. Alexander Yowakim Dr. Samantha Chapman

Full legal name _____ Prefers to be called _____

Assigned Sex at Birth _____ Preferred Pronouns_____

Parents/caregivers names_____

List family members who are patients of the clinic _____

Emergency contact & phone number _____

Reason for the patient's visit today _____

Name of Family Doctor/Specialists _____

Previous Eye Doctors (if any) _____

Please provide a list of medications to our staff to photocopy or if brief write them here:

_____

Allergies (environmental &/or to medications)_____

Birth history Normal / Premature / Unknown (eg. adopted) / Other (explain)_____

Is the patient meeting developmental milestones (please explain)? _____

_____

Did any members of the patients' family have any conditions that affect the eyes at a young age (eg. strong glasses, patching, lazy eye – please explain)? _____

_____

List any eye operations or injuries (type and date) _____

Has the child ever worn glasses or contacts (type)? _____

Grade in school _____ Hobbies _____

I am eligible to receive healthcare benefits from the following 3rd party program(s):
Private Insurance WSIB NIHB Veteran Affairs Ontario Works ODSP Other _____

What or who prompted your visit to us today? (Check one)
Friend/Relative Doctor Ophthalmologist Radio Ad Email Ad Internet Search Phone call

Parent signature _____

Updated date _____	Updated date _____	Updated date _____	Updated date _____	Updated date _____
Patient's initials _____	Patient's initials _____	Patient's initials _____	Patient's initials _____	Patient's initials _____
Doctor's initials _____	Doctor's initials _____	Doctor's initials _____	Doctor's initials _____	Doctor's initials _____

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Missed appointments and/or cancellation policy

At St. Lawrence Optometry, we strive to provide excellence in patient-centered eye care and ocular health. Part of that service may mean you are called back for follow-up appointments, most of which we make at the end of your initial visit with us.

If for some reason you are unable to make a booked appointment, whether for a full exam or follow up, we ask that you notify us by phone/email/in person 24 hours in advance of your scheduled appointment time. This policy is in place given the limited availability of appointment spots.

Please note that there is a $60 missed appointment fee for those that do not comply with this cancellation policy.

I certify that I have been made aware of this policy and agree to maintain my scheduled appointments to the best of my ability. I understand that in certain instances, I may be charged the $60 missed appointment fee if I fail to give 24 hour notice of missing my appointment.

Patient name _____ Patient signature _____

Date _____ Examining Doctor _____