



Welcome to marpoleoptometry CLINIC

To help us determine your visual needs, please provide the following information (if applicable):

Title: (circle) Dr. / Mr. / Mrs. / Ms. / Miss _____ Age: _____
(name)

Occupation (or grade if in school) _____ Last eye examination _____ years

Mailing Address: (with postal code) _____

Hobbies / Recreational activities: _____

Family Dr: _____ Ophthalmologist: _____
(name) (name)

Do you wear: glasses or contact lenses or neither

Do you have extended insurance? yes / no If yes, provider name: _____

Do you have a driver's license: yes / no Are you pregnant? yes / no

Email address for clinical communication only: _____

How did you find our clinic: family doctor yellow pages canpages live nearby
Internet: yellow pages website search engine (ex. Google)
 another patient _____
 other _____

Do you, or any immediate family members (i.e. parents, grandparents, siblings), have any of the following conditions? (Please check all that apply)

	Self		Self	Family
Eye injury	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	Crossed / lazy eye	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	Retinal detachment	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid disease	<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	Macular degeneration	<input type="checkbox"/>	<input type="checkbox"/>
HIV positive	<input type="checkbox"/>	Eye disease _____		
Cancer	<input type="checkbox"/>	_____		
Arthritis	<input type="checkbox"/>	Other _____		
Allergies	<input type="checkbox"/>	_____		

Medication (please list all medications you are currently taking, including non-prescription): _____

Reason for today's visit: _____

PLEASE NOTE: Contact lens services are not covered by the Medical Services Plan of British Columbia.

I agree to all interprofessional communications required for my ocular health _____ (initial)

I agree to allow the office to contact me by phone/mail/email when necessary _____ (initial)

Date _____

Thank You for Choosing our Office