Bramalea Optometric Clinic

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WELCOME TO OUR OFFICE!

In order for us to provide you with a thorough examination, please answer all questions. Please print.

Date:_____

Surname:_____ First Name:_____ Mr./Mrs./Ms./Miss/_____

Address:_____ City:_____ Postal Code:_____

Telephone #: Home:_____ Business:_____

☐ I give Bramalea Optometric Clinic permission to contact me via email or text for appointment reminders and glasses or contact lens updates.

Cell:_____ e-mail:_____

Birthdate: Month_____ Day_____ Year_____

Health Card #:_____ Version Code:_____

Occupation:_____ Hobbies:_____

How did you hear about our office?_____

Date of Last Eye Exam:_____ Last Eye Doctor:_____

Date of Last Medical Exam:_____ Family Doctor:_____

List any medications you are taking:_____

List any allergies you have:_____

FAMILY HEALTH AND OCULAR HISTORY—Please CIRCLE the appropriate answer.

	Self	Family		Self	Family
Diabetes	Yes/No	Yes/No	Lazy Eye (Strabismus)	Yes/No	Yes/No
High Blood Pressure	Yes/No	Yes/No	Glaucoma	Yes/No	Yes/No
Heart Trouble	Yes/No	Yes/No	Cataracts	Yes/No	Yes/No
Thyroid Disorder	Yes/No	Yes/No	Macular Degeneration	Yes/No	Yes/No
Other	_____		Smoker	Yes/No	

Please list the reason for your eye examination today and any visual problems you are having:

_____

_____

_____

Do you wear glasses? Yes/No ____Fulltime ____Distance only ____Reading only

Are you legally required to wear glasses when driving? Yes/No

Do your wear sunglasses: Yes/No

Are you required to wear safety glasses at work? Yes/No

Have you ever had eye surgery or an eye injury? Yes/No If yes, please describe:

_____

_____

Do you use a computer? If so, how many hours per day? _____

At what distance is your computer located from you? _____

Do you suffer from headaches or eyestrain? Yes/No

Are you considering contact lenses or laser eye surgery? Yes/No

For Contact Lens Wearers:

What brand of contact lenses do you wear? _____

How often do you replace your lenses? _____

How many hours per day do you wear your contact lenses? _____

What solution do you use?_____