

ERIN MILLS EYE EXAM CLINIC

1. Patient information

Please fill out the following personal information

First Name*:		Last Name*:		Email Address*:		
Date of Birth: MM-DD-YYYY		Address: Address 1		Address 2		
Home Phone*: (###)-###-####		City		State/Province	Zip/Postal Code	Country
Cell Phone: (###)-###-####		Preferred Method of Contact*: Tell us the best way to reach you.		Email	Phone	Text
Family Doctor: <input type="checkbox"/> Yes <input type="checkbox"/> No		Family Doctor Phone Number: (###)-###-####		Emergency Contact*:		
Insurance Information*: Do you have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am unaware of my insurance information.		Emergency Contact Phone Number: (###)-###-####		Emergency Contact Email:		
Plan Name:		Policy #:		Group #:		Do you have dependant coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card Information*:						
Card number:		Cardholder Name:		Expiry Date:		Security Code:
Billing Address:						
Health Card Information*:						
Health card number:				Expiry date:		

2. Personal medical history

Please list any medical conditions:

Have you been diagnosed with an eye disease?

Please list any previous eye surgeries:

Please list all medications you are currently taking:

Please list any Allergies:

Please list any eye diseases that run in your family:

3. COVID-19 health history

Do you have fever, new onset of cough, worsening chronic cough, shortness of breath, or difficulty breathing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had close contact with anyone with acute respiratory illness or travelled outside of Canada in the past 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a confirmed case of COVID-19 or have had close contact with a confirmed case of COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you travelled recently? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of these questions, please explain below.

4. Purpose of your visit

Please describe your condition or purpose of your visit.

5. Corrective lens information

Your answers to these questions will guide us in recommending the best products to meet your eyewear needs.

a) Do you wear the following?

Please check all that apply.

- Prescription Glasses
- Prescription Sunglasses
- Non-Prescription Sunglasses
- Contact Lenses
- I don't wear any of these.

b) What do you use most of the time?

Please check all that apply.

- Prescription Glasses
- Prescription Sunglasses
- Non-Prescription Sunglasses
- Contact Lenses
- I don't wear any of these.

6. Visual Needs

Your answers to these questions will guide us in recommending the best products to meet your eyewear needs.

a) Employment Information Our eyes are also working. Please tell us what you do for work.	b) Job Description Please describe your job duties to us.
---	---

<p>c) Which do you do regularly? Check all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Night Driving <input type="checkbox"/> Work Outdoors <input type="checkbox"/> Commute 20+ min. By Car <input type="checkbox"/> Work w/ Small Objects <input type="checkbox"/> Work Under Fluorescent Light <input type="checkbox"/> Read For Long Periods <input type="checkbox"/> Work on a Computer <input type="checkbox"/> Travel on Airplanes <input type="checkbox"/> Watch TV for 3+ hrs/Day <input type="checkbox"/> Work at a Desk <input type="checkbox"/> Frequently Alternate Between Indoors & Outdoors 	<p>d) Hobbies/Recreation To help us better understand how to use your eyes, please list any recreational activities or hobbies that you enjoy.</p>												
<p>e) What do you like about your current glasses?</p>	<p>f) Is there anything you do not like about your current glasses?</p>												
<p>g) What is important when choosing your new glasses? Please check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Image [multiple-entry checkbox]</td> <td><input type="checkbox"/> Fashion Trends [multiple-entry checkbox]</td> </tr> <tr> <td><input type="checkbox"/> Frame Material [multiple-entry checkbox]</td> <td><input type="checkbox"/> Lens Type [multiple-entry checkbox]</td> </tr> <tr> <td><input type="checkbox"/> Fit [multiple-entry checkbox]</td> <td><input type="checkbox"/> Lens Thickness [multiple-entry checkbox]</td> </tr> <tr> <td><input type="checkbox"/> Durability [multiple-entry checkbox]</td> <td><input type="checkbox"/> Frame Colour [multiple-entry checkbox]</td> </tr> <tr> <td><input type="checkbox"/> Weight [multiple-entry checkbox]</td> <td><input type="checkbox"/> Lens Colour [multiple-entry checkbox]</td> </tr> <tr> <td><input type="checkbox"/> Brand [multiple]</td> <td><input type="checkbox"/> Price</td> </tr> </table>		<input type="checkbox"/> Image [multiple-entry checkbox]	<input type="checkbox"/> Fashion Trends [multiple-entry checkbox]	<input type="checkbox"/> Frame Material [multiple-entry checkbox]	<input type="checkbox"/> Lens Type [multiple-entry checkbox]	<input type="checkbox"/> Fit [multiple-entry checkbox]	<input type="checkbox"/> Lens Thickness [multiple-entry checkbox]	<input type="checkbox"/> Durability [multiple-entry checkbox]	<input type="checkbox"/> Frame Colour [multiple-entry checkbox]	<input type="checkbox"/> Weight [multiple-entry checkbox]	<input type="checkbox"/> Lens Colour [multiple-entry checkbox]	<input type="checkbox"/> Brand [multiple]	<input type="checkbox"/> Price
<input type="checkbox"/> Image [multiple-entry checkbox]	<input type="checkbox"/> Fashion Trends [multiple-entry checkbox]												
<input type="checkbox"/> Frame Material [multiple-entry checkbox]	<input type="checkbox"/> Lens Type [multiple-entry checkbox]												
<input type="checkbox"/> Fit [multiple-entry checkbox]	<input type="checkbox"/> Lens Thickness [multiple-entry checkbox]												
<input type="checkbox"/> Durability [multiple-entry checkbox]	<input type="checkbox"/> Frame Colour [multiple-entry checkbox]												
<input type="checkbox"/> Weight [multiple-entry checkbox]	<input type="checkbox"/> Lens Colour [multiple-entry checkbox]												
<input type="checkbox"/> Brand [multiple]	<input type="checkbox"/> Price												
<p style="text-align: center;">PLEASE BRING YOUR CURRENT GLASSES & SUNGLASSES TO YOUR EXAM</p>													
<p>How did you hear about us?</p> <table border="0"> <tr> <td><input type="checkbox"/> Family/Friend</td> <td><input type="checkbox"/> Walk In</td> </tr> <tr> <td><input type="checkbox"/> Google</td> <td><input type="checkbox"/> Family Doctor</td> </tr> <tr> <td><input type="checkbox"/> Website Appointment</td> <td><input type="checkbox"/> Other:</td> </tr> </table>		<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Walk In	<input type="checkbox"/> Google	<input type="checkbox"/> Family Doctor	<input type="checkbox"/> Website Appointment	<input type="checkbox"/> Other:						
<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Walk In												
<input type="checkbox"/> Google	<input type="checkbox"/> Family Doctor												
<input type="checkbox"/> Website Appointment	<input type="checkbox"/> Other:												

Thank you,

The Erin Mills Eye Exam Clinic Team

