

Preferred name: _____

Email: _____

Any History of...

Self Family

- Glaucoma
- Crossed/lazy eye
- Macular degeneration
- Retinal Detachment
- Colour Blindness
- Blindness
- Diabetes
- High Blood Pressure
- Heart problems
- Stroke
- Thyroid Condition
- Arthritis

Other _____

Are you interested in...

- New glasses
- A new prescription
- Light weight glasses
- Anti-reflection coating
- Durability
- Fashion
- Coloured contact lenses
- Sunglasses, Clip-ons
- Safety glasses
- Sport glasses
- Contact lenses
- Refractive Surgery

How were you referred to us...

- Family Doctor
- Another Patient
- Other _____

Medications:

Occupation/School: _____

Family Doctor: _____

Allergies: _____