

First Optometry New Patient Form

Please:

- Print this form, complete it and bring it to your appointment.
- Bring your health card to your appointment.
- Bring any glasses and contact lenses that you currently wear.
- Bring along a list of medications (or complete page 2 of this form).

Patient Name: _____

Street Address: _____

City, Postal Code: _____

Email Address: _____

Home Phone: _____

Business Phone or Cell Phone: _____

Family Doctor: _____

How did you hear about our office? _____

History:

Do you currently wear glasses? Y / N (please circle)

Do you currently wear contact lenses? Y / N

Have you ever had eye surgery? Y / N

Have you ever had a serious eye injury or infection? Y / N

Are you under a doctor's care for any medical conditions? Y / N

If so, please list:

Please list any **medications** which you are currently taking.

Family History:

Do you have a family history of eye disease such as glaucoma or macular degeneration?

Y / N

Thank you.