



## Medical History Form

Please fill out the following form as completely as possible and bring ALL completed pages with you to your appointment. These forms are required as part of our COVID precautionary measures. Though the information being acquired seems exhaustive, it serves the purpose of helping to keep your visit at our clinic expedient, as well as to keep in-person discussion with staff and optometrists to a minimum during your visit.

First name	Last name	Date of birth	
Street Address		City	Province
Postal code	Home phone number	Mobile phone number	Best method of contact
Email address			
Family doctor	Doctors phone number	Health Card number and expiry	
Emergency contacts first and last name		Emergency contact's phone number	

**2. Personal medical history**

Please list any medical conditions:

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Have you been diagnosed with an eye disease?

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Please list any previous eye surgeries:

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Please list all medications you are currently taking:

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Please list any Allergies:

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**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.

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4. Please list any new vision changes or concerns that you would like the optometrist to address at this visit (blur, changing vision, dry eyes, double vision, new floaters, etc.)

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**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.

<b>a) Employment Information</b> Our eyes are also working. Please tell us what you do for work.	<b>b) Job Description</b> Please describe your job duties to us.
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<b>c) Which do you do regularly?</b> Check all that apply. <ul style="list-style-type: none"><li><input type="checkbox"/> Night Driving</li><li><input type="checkbox"/> Work Outdoors</li><li><input type="checkbox"/> Commute 20+ min. By Car</li><li><input type="checkbox"/> Work w/ Small Objects</li><li><input type="checkbox"/> Work Under Fluorescent Light</li><li><input type="checkbox"/> Read For Long Periods</li><li><input type="checkbox"/> Work on a Computer</li><li><input type="checkbox"/> Travel on Airplanes</li><li><input type="checkbox"/> Watch TV for 3+ hrs/Day</li><li><input type="checkbox"/> Work at a Desk</li><li><input type="checkbox"/> Frequently Alternate Between Indoors &amp; Outdoors</li></ul>	<b>d) Hobbies/Recreation</b> To help us better understand how to use your eyes, please list any recreational activities or hobbies that you enjoy.												
<b>e) What do you like about your current glasses?</b>	<b>f) Is there anything you do not like about your current glasses?</b>												
<b>g) What is important when choosing your new glasses?</b> Please check all that apply. <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
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<b>PLEASE BRING YOUR CURRENT GLASSES &amp; SUNGLASSES TO YOUR EXAM</b>													
<b>How did you hear about us?</b> <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:						
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We appreciate you filling out this information to the best of your abilities. Please be sure to bring this with you to your appointment. We look forward to seeing you.

Sincerely,

Staff and Optometrists at Lifetime Vision Care