

Oakville Eye Care | Dr. Christine Yeung & Associates

2460 Neyagawa Boulevard, Oakville, ON L6H 7P4

tel: 905.829.3229 fax: 905.829.2527



Welcome to our office

General Information (please print)

Name _____	Today's Date _____
Street _____	Date of last eye exam _____
City _____	Location of last exam _____
Postal Code _____	Employer (or school) _____
Home Phone # _____	Occupation (or grade) _____
Work Phone # _____	Closest relative - Name _____
Date of Birth _____	Closest relative - Home Phone # _____
Ontario Health Card (OHIP) # _____	Closest relative - Work Phone # _____
Family Physician _____	E-mail Address _____
Date of last medical exam _____	

Who may we thank for referring you to our office?

Name of friend or relative: _____

If not referred, how did you choose our office?

- ☐ Another health care practitioner. *If so who?*
- ☐ Yellow Pages
- ☐ Web site
- ☐ Other

Medical History

Your medical history, including the history of your immediate family members and any medications you may be taking, is relevant to your vision and eye health. Please take the time to carefully complete the following questions.

Have you ever been diagnosed or treated for the following health problems? *(Please circle all that apply)*

Allergies	Diabetes	Thyroid disorder	Eye Surgery / Infection
Asthma	High blood pressure	Cataracts	Glaucoma
Arthritis	Heart disease	Colour vision problem	Lazy eye
Cancer	Kidney disorder	Eye injury	Wandering eye
<input type="checkbox"/> none	other: _____		

Are you currently taking any of the following medications (prescribed or not)?

☐ none

(Please circle all that apply and provide the name of the medication)

Antihistamines	Heart	Eye drops	Other: (please specify)
Diuretic / fluid pill	Oral contraceptives	Diabetic	
Blood pressure	Sleeping / nerve pill	Thyroid	Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No

Is there a family medical history of any of the following? *If yes, what relationship to you?*

Blindness	_____	Heart disease	_____
Cataracts	_____	Lazy eye	_____
Diabetes	_____	Macular degeneration	_____
Glaucoma	_____	Retinal problems	_____

☐ none other: _____

(over...)

Eye History

Please answer the following questions to help us better address your current eye care needs.

What is the major purpose of this visit? _____

Do you have any concerns with your current glasses or contact lenses? _____

Do you have any special visual or vision safety requirements? _____

Sports/Hobbies/Outdoor Activities: _____

Have you ever tried contact lenses? ☐ Yes ☐ No

Do you currently wear contact lenses? ☐ Yes ☐ No

What kind? _____

Solutions used? _____

Are you satisfied with the vision and comfort of your contact lenses? ☐ Yes ☐ No

Do you (please check box if your answer is yes)

- ☐ ... work at a computer? *If so, how many hours/day (on average)?*
- ☐ ... do you experience eyestrain with near work?
- ☐ ... think you might benefit from thinner, lighter lenses?
- ☐ ... have an interest in trying the latest contact lens designs?
- ☐ ... spend time outdoors? *If so, how many hours/week (on average)?*
- ☐ ... have prescription or non-prescription sunwear?
- ☐ ... prefer not to wear your glasses at times?
- ☐ ... want information on laser vision correction?
- ☐ ... want information on orthokeratology or corneal refractive therapy?
- ☐ ... have more than one pair of current prescription eyewear?
- ☐ ... have children?
- ☐ ... have family members in need of eyecare?

Do you have trouble with any of the following? (please circle all that apply)

Eye strain

Blurry distance vision

Blurry near vision

Poor night vision

Double vision

Glare

Flashes of light

Floaters / Spots in vision

Soreness or pain

Gritty feeling in eyes

Dry Eyes

Burning

Redness

Itchiness

Watering eyes

Light sensitivity

Headaches

Other: _____

Thank-you for taking the time to update us on your general and eye health history.

"Our doctor and staff are committed to providing the highest standard of eye care with personalized service and quality products in a family-oriented atmosphere; improving quality of life and overall health through education, prevention, and early detection. We are dedicated to providing comprehensive eye care to you, your family, and our community."

