Dr. Martin Tang, Optometrist

3242 Yonge Street

We welcome you to our practice and ask that you kindly complete, or correct, all information on this sheet.

Mr. Ms. Mrs. Dr.	Surname: First name:	OHIP #: DOB:

Preferred name: ______________ Address: ______________

Spouse/Parent: ______________ ______________

(Hm) (Wk) ______________ City: ______________

EMAIL: ______________ Postal Code: ______________

Any history of....

Self	Family	
☐	☐	Glaucoma
☐	☐	Cataracts
☐	☐	Diabetes
☐	☐	High Blood Pressure
☐	☐	Heart Problems
☐	☐	Retinal Detachment
☐	☐	Stroke
☐	☐	Thyroid Condition
☐	☐	Crossed/Lazy Eyes
☐	☐	Asthma/Allergies
☐	☐	Colour Blindness
☐	☐	Arthritis
☐	☐	Tuberculosis
☐	☐	HIV/Hepatitis
☐	☐	Cancer
☐	☐	Neuromuscular
☐	☐	Macular Degeneration
	☐	Blindness

Other:
____
____
____

Check off all that apply....

- ☐ Blurry distance vision
- ☐ Poor night vision
- ☐ Eye Strain
- ☐ Blurry near vision
- ☐ Trouble reading
- ☐ Itchy eyes
- ☐ Discharge
- ☐ Watering
- ☐ Pain in the eye
- ☐ Burning eyes
- ☐ Sandy or dry eyes
- ☐ Red eyes
- ☐ Glare/Reflections/Haloes
- ☐ Rainbows around the eyes
- ☐ Discomfort in brightness/sunlight
- ☐ Double vision
- ☐ Floaters or spots in your vision
- ☐ Flashes of light
- ☐ Dark spots in your vision
- ☐ An eye injury
- ☐ History of wearing an eye patch
- ☐ History of eye surgery
- ☐ Headaches
- ☐ Dental Abscess
- ☐ Cholesterol
- ☐ Legally blind

Are you interested in.....

- ☐ New spectacles
- ☐ A new prescription
- ☐ Light weight glasses
- ☐ Anti-Reflection coating
- ☐ Durability
- ☐ Fashion
- ☐ Field of view
- ☐ Coloured contact lenses
- ☐ Sunglasses, Clip ons
- ☐ Safety glasses
- ☐ Sports glasses
- ☐ Contact lenses
- ☐ Disposable contact lens
- ☐ Bifocal contact lens
- ☐ Myopia control
- ☐ Refractive Surgery
- ☐ Dry Eye therapy
- ☐ Ortho K

How were you referred to us........

- ☐ Family Doctor
- ☐ Another Patient ______________
- ☐ Internet website
- ☐ Walk in
- ☐ Other ______________

Reason for your visit: ☐ Regular check up or... ______________

Medications you take: ______________
____

Occupation/School: ______________

Employer/Teacher: ______________

Family Doctor: ______________

Allergies: ______________

Hobbies: ______________
____

We thank you for completing this form

Dr. Martin Tang