



# CHAN OPTOMETRY

## HEALTHY EYES FOR A HEALTHY LIFE

Please help us by filling in the following information to the best of your abilities/請填寫此表格:

Surname/姓: \_\_\_\_\_ Given Name/名字: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address/地址: \_\_\_\_\_ Unit #/號碼: \_\_\_\_\_ City/城市: \_\_\_\_\_ Postal Code/郵政編號: \_\_\_\_\_ - \_\_\_\_\_

Date of Birth/出生日期: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY) Age/年齡: \_\_\_\_ Sex/性別:  Male/男  Female/女

Telephone/電話: Home/家: \_\_\_\_\_ Cell/手機: \_\_\_\_\_ Business/商業: \_\_\_\_\_

Email/電子郵件: \_\_\_\_\_ Occupation/職業: \_\_\_\_\_

OHIP #/號碼: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Version Code: \_\_\_\_ Expiration/有效期: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (yyyy/mm/dd)

Medications/藥物:  Yes/有  No/不 If yes, please list/請列出:

Allergies/過敏:  Yes/有  No/不 If yes, please list/請列出:

Personal History of Eye Diseases/眼科病歷:  Yes/有  No/不 If yes, please list/請列出:

Family History of Eye Diseases/家族眼科病歷:  Yes/有  No/不 If yes, please list/請列出:

How did you hear about us?/你是怎麼知道我們的? \_\_\_\_\_

If from a referral, who can we thank?/請填上轉介人姓名?: \_\_\_\_\_

Thank you so much for filling out this chart. Please hand this form to a staff member./ 謝謝。填妥后請交回工作人員。