

**Dr. Laura Cookson**

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# MEDICAL HISTORY AND NEEDS FORM

**1. Patient Information - Please fill out the following personal information**

<b>First Name:</b>	<b>Last Name:</b>	<b>Email Address:</b>			
<b>Date of Birth:</b>	<b>Address:</b>				
<b>Home Phone:</b>	<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>	<b>Country:</b>	
<b>Cell Phone:</b>	<b>Preferred Method of Contact:</b> Please indicate the best way to reach you.		Email	Phone	Text
<b>Family Doctor</b> (including phone number):			<b>Emergency Contact</b> (including phone number):		
<b><u>Health Card Information:</u></b>					
<b>Name on Card:</b>				<b>Health Card Expiry Date:</b>	
<b>Health Card Number:</b>				<b>Version Code:</b>	

**2. Personal Ocular & 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 (incl. vitamins/supplements and eye drops):

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Please list any Allergies:

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Please list any eye diseases that run in your family:

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3. **Purpose of your visit** (Please describe the purpose of your visit):

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4. **Visual Needs** - Your answers to these questions will guide us in recommending the best products to meet your eyewear needs)

a) Do you wear the following (check all that apply):  <input type="checkbox"/> Prescription Glasses <input type="checkbox"/> Prescription Sunglasses <input type="checkbox"/> Non-prescription Sunglasses <input type="checkbox"/> Contact Lenses (brand: _____) <input type="checkbox"/> I don't wear any of these	b) What do you use most of the time?  <input type="checkbox"/> Prescription Glasses <input type="checkbox"/> Prescription Sunglasses <input type="checkbox"/> Non-prescription Sunglasses <input type="checkbox"/> Contact Lenses <input type="checkbox"/> I don't wear any of these
c) To better allow us to understand your visual demands and needs: <ul style="list-style-type: none"><li>• What you do for work?</li><li>• Do you have any hobbies?</li><li>• How much time per day on average do you spend on electronics?</li></ul>	

How did you hear about us:

- Family/Friend - Whom may we thank for the referral? \_\_\_\_\_
- Family Doctor - Whom may we thank for the referral? \_\_\_\_\_
- Health Care Provider (i.e. physiotherapist) – Whom may we thank for the referral? \_\_\_\_\_
- Google
- Website
- Other

Thank You,  
**The InDepth Vision Team**

**PLEASE BRING YOUR CURRENT GLASSES AND SUNGLASSES TO YOUR EXAM**