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InDepth Vision
VISION THERAPY AND REHABILITATION

Medical History and Needs Form

1. Patient Information

Please fill out the following personal information

First Name:	**Last Name:**		**Email Address:**		
Date of Birth:	**Address:**				
Home Phone:	**City:**	**Province:**	**Postal Code:**	**Country:**	
Cell Phone:	**Preferred Method of Contact:** Please circle the best way to reach you.	Email	Phone	Text	
Family Doctor (including phone number):		**Emergency Contact** (including phone number):			
Credit Card Information:					
Card Number:	**Cardholder Name:**		**Expiry Date:**	**Security Code:**	
Billing Address: ☐ Same as above					
Health Card Information:					
Name on Card:			**Health Card Expiry Date:**		
Health Card Number:			**Version Code:**		

2. Personal Medical History

Please list any medical conditions:

_____

_____

Have you been diagnosed with an eye disease?

_____

_____

Please list any previous eye surgeries:

_____

_____

Please list all medications you are currently taking (incl. vitamins/supplements and eye drops):

_____

_____

Please list any Allergies:

_____

_____

Please list any eye diseases that run in your family (paternal/maternal):

_____

_____

3. COVID-19 History

Do you have a fever, new onset cough, worsening chronic cough, shortness of breath, or difficulty breathing? ☐ Yes ☐ No	Have you travelled recently (within the past 14 days)? ☐ Yes ☐ No
Do you have a confirmed or probable case of COVID-19, or have you had close contact with a confirmed or probable case of COVID-19? ☐ Yes ☐ No	Have you had close contact with anyone with acute respiratory illness, or travelled outside of Canada in the past 14 days? ☐ Yes ☐ No

If you answered yes to any of these questions, please explain below:

_____

_____

4. Purpose of your visit (Please describe your condition or purpose of your visit):

_____

_____

5. 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):	b) What do you use most of the time?
☐ Prescription Glasses ☐ Prescription Sunglasses ☐ Non-prescription Sunglasses ☐ Contact Lenses (brand:_____) ☐ I don't wear any of these	☐ Prescription Glasses ☐ Prescription Sunglasses ☐ Non-prescription Sunglasses ☐ Contact Lenses ☐ I don't wear any of these
c) Employment Information (Your eyes are also working. Please tell us what you do for work):	

PLEASE BRING YOUR CURRENT GLASSES AND SUNGLASSES TO YOUR EXAM

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