University Eye Clinic

Dr. Jonathan Spilkin
Dr. Jason Facchin
Dr. Elsa Budianto
Dr. Jodi Kaplovitch

☐ **Dr.** ☐ **Mr.** ☐ **Mrs.** ☐ **Ms.** ☐ **Miss.**

Last Name: _____
First Name: _____
Date of Birth: **M:** _____ **D:** _____ **Y:** _____

Address: _____
_____
City: _____
Province: _____
Postal Code: _____

Sex: ☐ **Male** ☐ **Female**

Occupation: _____

To help us ensure your history is accurate we would appreciate your completing the following:

***How do you prefer to be addressed at this office?** _____ (e.g. Bill or Mr. Smith)

Your email address (for appointment reminders) _____
☐ I consent to receiving appointment recalls and reminders through phone, text, and email from University Eye Clinic. I understand that I may unsubscribe from any or all of these messages at any time.

Personal Past / Present Ocular History: (circle yes or no)

Glaucoma	*No*	*Yes*	**Eye Injury**	*No*	*Yes*	
Cataracts	*No*	*Yes*	**Dry Eyes**	*No*	*Yes*	*mild / mod / severe / with CLs*
Macular Degeneration	*No*	*Yes*	***Eye Surgery*** **Procedure/Date*:***	*No*	*Yes*	
Smoker	*No*	*Yes*				
Allergies:	*No (list):*	*Yes*	***Medications:***	*No (list):*	*Yes*	

Family Physician: **Name:** **Address:**

Personal Medical History: **(circle if applies)** **or** **All Negative**

Heart disease	*High cholesterol*	*High blood pressure*	
Asthma	*COPD*	*Sleep Apnea*	*Pregnant x ____Months*
Crohn's	*Ulcerative colitis*	*IBS*	
Ankolysing Spondilitis	*Arthritis Rheum.*	*Hepatitis A, B, C*	*Birth Control? Y / N*
Migraines	*Migraines with Aura*	*Sjogren's*	
Diabetes type 1 / 2 x _____yr	*Thyroid*	*Stroke*	
HIV	*Lupus*	*Psoriasis*	

Other/Details:

Family Ocular History:
Has any blood relative been diagnosed with? **If Yes – Please indicate family member(s) beside condition(s)**

Glaucoma	*No*	*Yes*	_____
Macular Degeneration	*No*	*Yes*	_____
Retinal Disease	*No*	*Yes*	_____

Referral Source: (New Patients) Who referred you to us?

Google/Internet Sign UofT Yellow Pages

Word of Mouth - Patient's Name: _____

Do you wear contact lenses? Yes No Rare

Full Time Part Time

Are you happy with them? Yes No