DR. BRIAN HADDEN & ASSOCIATES

Welcome You to Our Practice

First Name: ____________________ Last Name: ____________________

Street: ____________________ City/Town: ____________ Postal Code: ________

Email Address: ____

Preferred Phone #: ______________ Alternate Phone #: ____________________

Health Card # ____________________ VC ______ Date of Birth: ______________

Occupation: ____________________ Date of Last Eye Exam: ______________

Any History of...

- ▢ Glaucoma*
- ▢ Cataracts*
- ▢ Diabetes*
- ▢ Hypertension*
- ▢ Heart Disease*
- ▢ Retinal Detachment*
- ▢ Stroke
- ▢ Thyroid Disorder
- ▢ Turned/Lazy Eye
- ▢ Allergies
- ▢ Colour Blindness
- ▢ Arthritis
- ▢ Tuberculosis
- ▢ HIV/Hepatitis*
- ▢ Cancer
- ▢ Macular Degeneration*
- ▢ Lupus
- ▢ Multiple Sclerosis*
- ▢ Smoking*
- ▢ Eye Surgery
- ▢ Headaches
- ▢ Migraines*

Have you or are you Experiencing any of the following....

- ▢ Glares/Reflections
- ▢ Haloes
- ▢ Blurry near Vision
- ▢ Blurry distance Vision
- ▢ Poor Night Vision
- ▢ Trouble Reading
- ▢ Chronic Infections
- ▢ Itchy Eyes
- ▢ Discharge
- ▢ Watering
- ▢ Pain in the Eye
- ▢ Burning Eyes
- ▢ Dry Eyes
- ▢ Red Eyes
- ▢ Light Sensitive
- ▢ Double Vision
- ▢ Floaters/spots in vision*
- ▢ Flashes of Light *
- ▢ An eye injury

Are you interested in....

- ▢ New Eyeglasses
- ▢ Contact Lenses
- ▢ Multifocal Contacts
- ▢ Prescription Sunglasses
- ▢ Sunglasses
- ▢ Sports Glasses
- ▢ Laser Surgery
- ▢ Dry Eye Therapy

List All Medications

▶ ______________

▶ ______________

▶ ______________

▶ ______________

Please Provide the Name & Phone number of your Family Physician:

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Any other comments or concerns:

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We Recommend the Opto Map & OCT Retinal Imaging for All Patients. FEE $115.00
These are fast, simple procedures that provide the Doctor detailed information about your eye health that is not available from the traditional exam. This scan is particularly important for patients who have checked any of the medical history designated with an asterisk.

▢ YES, I would like the Scans today. ▢ No, Thank You

Patient or Legal Guardian Signature: ______________________________