Hamza N Khan MD MPH FRCSC
Dr. Jonathan Heston MD MSc DA DCH DIC MRCGP FRCSC
Dr. Adrienne Duimering MD FRCSC
Ophthalmology: Cataract, Cornea and Refractive Surgery

Patient Registration Form

PLEASE PRINT CLEARLY

Full Name (as appears on Care Card): _____

BC Care Card #: _____ **Date of Birth:** _____
MMM DD YYYY

Address: _____

City: _____ **Postal Code:** _____

Telephone: _____
Home *Cell* *Work*

Email: _____

Alternative Contact: _____
Name *Relationship*

Telephone: _____

Family Doctor / Walk-In Clinic: _____ **Location:** _____

Optometrist: _____ **Location:** _____

Ophthalmologist: _____ **Location:** _____

Preferred Pharmacy: _____ **Location:** _____

#203 – 1581 Hillside Avenue, Victoria, BC V8T 2C1

T 250.382.3937 **F 250.800.2453**

Past Ocular Eye History

Eye Surgery (please explain): _____

Right ☐ Left ☐ Year: _____ Surgeon: _____

Laser Vision Correction: Right ☐ Left ☐ Year: _____ Surgeon: _____

Eye Trauma / Injury: _____

Contact Lens Use (please mark): Past ☐ Present ☐ Hard ☐ Soft ☐

Dry Eyes ☐ Infections ☐ Glaucoma ☐ Retinal Problems ☐

Cataract ☐ Lazy Eye: Right ☐ Left ☐

Medical History (Please check all that apply to you):

☐ High Blood Pressure		☐ Anxiety	☐ Asthma
☐ High Cholesterol		☐ Depression	☐ COPD
☐ Diabetes:	☐ Insulin	☐ Dementia / Alzheimer	☐ Kidney
☐ Angina		☐ Headaches	☐ Hepatitis
☐ Heart Disease		☐ Dizziness	☐ Cancer
☐ Pacemaker		☐ Falls	☐ Smoker
☐ Stroke		☐ Arthritis	☐ Thyroid: Hyper OR Hypo

Other Medical Concerns (please explain): _____

_____

_____

List ALL current medications including vitamins and supplements (Dosage not required):

_____

_____

Family Medical History (e.g. Diabetes, Stroke, Glaucoma etc): _____

_____

_____

Other Previous Surgeries: _____

_____

Height ft/cm: _____ **Weight lbs/kgs:** _____

Medication Allergies: ☐ YES ☐ NO Please list: _____