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Nanaimo Email form to : nanaimo@drstanleyeng.com

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Date:_____

Preferred Day of Week /Time of Day: _____

Appointment Date:_____

Patient Name:_____ _____ _____

(Last Name) (First Legal Name) (Middle Name)

Adress:_____

Home Phone: _____ Cell: _____ Work:_____

Email:_____Facebook: _____

Method of Preferred contact when arrive for appointment:

☐ Cell ☐ Text ☐ Email ☐ Facebook

MSP#:_____ Birthdate:_____

Family Doctor Name & Phone Number: _____

3rd Party Insurance: ◯ YES ◯ NO

If Yes: ☐ Pacific Blue Cross ☐ Status ☐ Social Services ☐ PWD ☐ Foster Care ☐ Healthy Kids ☐ RCMP ☐ DVA

3rd Party Insurance / Status Number:_____

Main Reason for Visit: ☐ Routine ☐ Follow-up to previous condition ☐ Concern

Explain:_____

Date of Last Eye Exam: _____ Place: ☐ Dr. Eng ☐ Other where:_____

◯ Previous Patient ◯ New Patient

Current Medications: _____

_____

Health History:

☐ High Blood Pressure ☐ Heart Condition ☐ High Cholesterol ☐ Diabetes ☐ Kidney

◯ Arthritis type:_____ Other: _____

Allergies (list all): _____

Previous: ☐ Eye surgery ☐ Cataracts ☐ Glaucoma

Do you wear glasses? ◯ YES ◯ NO If yes how old are they?_____

Do you wear Contact Lenses? ◯ YES ◯ NO

If yes: Type:_____ How often do you replace?_____

How often do you wear? ◯ Occasional ◯ Daily

Do you have a Drivers License? ◯ YES ◯ NO If Yes: Are you restricted to wearing glasses? ◯ YES ◯ NO

Is there anything in particular you would like the Doctor to address?

_____

Dr. Stanley Eng, O.D., F.A.A.O., Optometrist

◯ **#203-477 Wallace Street, Nanaimo, B.C. V9R 5B7, PH# (250) 754-6011**

◯ **#7-7070 Market Street, Port Hardy, B.C. V0N 2P0, PH# (250) 949-6282**

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