

**DOCTOR INFORMATION**

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_



**BURLINGTON**  
**LASER EYE CENTRE**  
3305 Harvester Road., Burlington, ON • L9A 4V7  
Tel: 888-636-4733 • Fax: 1-855-361-9995

**PATIENT INFORMATION**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender **M** **F**  
Email \_\_\_\_\_ Phone \_\_\_\_\_ **H** **W**  
Address \_\_\_\_\_ Referral For: \_\_\_\_\_

CUSTOM ALL LASER LASIK / PRK / CATARACT / RLE / ICL / OTHER

**EYE HISTORY**

Any History of Contact Lens Use : **Y**/**N** SCL : RGP/PMMA Successful Wearer? **Y** **N**

Last worn \_\_\_\_\_ If No, why? \_\_\_\_\_

Reading Correction with CL + \_\_\_\_\_ / MONO

**EYE HEALTH** none of the below  ( or circle all that apply )

Trauma / Glaucoma / Retinal or Optic Nerve Disease / HSV or HZO / Cataracts / Strabismus  
Amblyopia / Keratoconus or FH / Prior Refractive Surgery / Any Eye Surgery

**GENERAL HEALTH**

Allergies \_\_\_\_\_ Latex Allergy **Y** **N** Anaesthetic Difficulties **Y** **N**  
Medications \_\_\_\_\_ Pacemaker **Y** **N** Pregnant or Nursing **Y** **N**

**HEALTH CONDITIONS** none of the below  ( or circle all that apply )

Uncontrolled Diabetes / Rheumatoid Arthritis / Psoriatic Arthritis / Lupus / Fibromyalgia / Crohn's / MS  
Ankylosing Spondylitis / Cancer / Scleroderma / AIDS / Other Immune Compromised Conditions / Other \_\_\_\_\_

**REFRACTION**

Dry : OD \_\_\_\_\_ 20/ OS \_\_\_\_\_ 20/ ADD \_\_\_\_\_  
Wet : OD \_\_\_\_\_ 20/ OS \_\_\_\_\_ 20/

Stability : Has there been more than 0.50 D change in past year? **Y** **N**

**CLINICAL EXAMINATION**

**Slit Lamp Exam**

**OD**  
Lids/Lashes: Clear/Blepharitis  
Conj: White/Injected  
Cornea: Clear  
Neo: \_\_\_\_/4+  
Dry Eye (Schirmer, TBUT):

**OS**  
Lids/Lashes: Clear/Blepharitis  
Conj: White/Injected  
Cornea: Clear  
Neo: \_\_\_\_/4+  
Dry Eye (Schirmer, TBUT):

**Fundus Exam**

**OD**  
Lens: \_\_\_\_\_  
Disc: \_\_\_\_\_  
Macula: \_\_\_\_\_  
Periphery: \_\_\_\_\_  
IOP: \_\_\_\_\_

**OS**  
\_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_