



DR. B. ROBINSON
 DR. D. LUKENCHUK

 OPTOMETRISTS

1102 CN Tower, Saskatoon, SK. S7K 1J5
 P 306 242 7170 F 306 242 2233
 E Info@RobinsonLukenchuk.com
 www.RobinsonLukenchuk.com

Pre-Appointment Form

We are better able to serve you when you can tell us all about your medical history, your eye and vision history, and any special interests or requests you may have. Please complete this pre-appointment form and bring it with you to your appointment.

Your Overall Health

Please specify if you or a family member (e.g. a brother, sister, parents, grandparents) have the following:

Approximate year of diagnosis:

Diabetes	_____	_____
Heart	_____	_____
Vascular	_____	_____
High Blood Pressure	_____	_____
Arthritis	_____	_____
Kidney	_____	_____
Liver	_____	_____
Epilepsy	_____	_____
Thyroid	_____	_____
Cancer	_____	_____
Mental	_____	_____
Stomach	_____	_____
Recurring Headaches	_____	_____
Recurring Migraines	_____	_____
Respiratory	_____	_____

Do you smoke? If yes, how many cigarettes/day? _____

Do you drink? If yes, how many drinks/week? _____

Please list any medications you are currently taking.

Your Ocular Health

Please indicate if you have experienced any of these concerns:

Approximate year of diagnosis:

Eye/Head Injury	_____	_____
Eye/Head Surgery	_____	_____
Chronic Infection	_____	_____
Amblyopia	_____	_____
Strabismus	_____	_____
Cataract	_____	_____
Glaucoma	_____	_____
Macular Degeneration	_____	_____
Blindness	_____	_____

Your Visual Health

When was your last eye exam? _____

Who was your last eye exam with and where are they located? _____

Do you wear corrective lenses (glasses or contact lenses)? _____

How old is the prescription that you are currently wearing? _____

What are your interests for this appointment?

Regular check-up

Interested in contact lenses

Interested in colored contact lenses

Interested in new glasses

Interested in sunglasses (prescription or non-prescription)

Interested in laser eye surgery

Special needs related to sports or work protection

Special concerns (please list) _____

Please remember:

- If you are age 40 or over, please expect to be in our office for at least 90 minutes for your complete eye examination. As part of your exam, your eyes will be dilated and your vision will be blurry for 4-5 hours. It is in your best interest to bring along someone to drive you home and to bring along your sunglasses.
- If you wear contact lenses, please wear them at least four hours prior to your appointment and bring along your glasses. If you have purchased contact lenses or solution elsewhere, please be prepared to provide information regarding the type that you use.
- Please bring along any prescription glasses that you currently use.
- Please bring this completed pre-appointment form with you.
- Please bring a list of any medications you are currently taking.

Thank you! We look forward to serving your vision needs.