

NEW PATIENT WELCOME

Welcome to Prism Eye Institute! Thank you for trusting us with your care. We do our best to see patients on time, but eye disease is not always predictable, and delays can happen. Please allow 1-2 hours for this visit. Your eyes are connected to your body and to better treat your eyes, this form will ask you questions about both your eyes and general health.

Last Name: _____	First Name: _____
Date of Birth: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>
Address: _____	City: _____ Province: _____
Postal Code: _____	Health Card#: _____ VC: _____
Contact #: _____	Referring doctor: _____

Your Optometrist:	Your Family Doctor
<i>When did they see you last?</i>	Your other specialist doctors:

Eye Health	Yes	No	Health History	Yes	No
Retina disease <i>Tear or detachment</i> <i>Macular degeneration</i> <i>Vein occlusion</i> <i>Diabetic retinopathy</i> <i>Other:</i>			Cardiovascular <i>Blood pressure</i> <i>Cholesterol</i> <i>Angina</i> <i>Heart attack</i> <i>Other:</i>		
Glaucoma			Diabetes		
Cataract			Anxiety or Depression		
Eye Trauma			Neurological (<i>describe</i>)		
Other eye conditions:			Respiratory <i>Asthma</i> <i>COPD</i> <i>Sleep apnea</i> <i>Other:</i>		
List eye surgeries and lasers (<i>eye, year, doctor</i>)			Autoimmune <i>Rheumatoid arthritis</i> <i>Colitis/Crohn's</i> <i>Psoriasis</i> <i>Ankylosing spondylitis</i> <i>Other:</i>		
List eye drops (<i>name, frequency, eye</i>)			List medications (<i>pills, puffers, creams, IV meds</i>)		
			List medication allergies		

Late Policy

Each time a patient arrives late for their appointment, it impacts the care offered to other patients that day. Prism Eye Institute offers a maximum grace period of 10 minutes for diagnostic test appointments, whereas for doctor’s appointments, patients are allowed a maximum grace period of 20 minutes. Lateness beyond this period may result in your appointment being rescheduled.

No-Show Fee

Each time a patient misses an appointment without proper notice, another patient is prevented from receiving care. Therefore, Prism Eye Institute reserves the right to charge a fee of \$75 for missed consultation appointments, missed follow-up appointments, and appointments that are cancelled by patients without advance notice of 24 hours with no compelling reason. A 'No-Show Fee' will be billed to the patient and must be paid before the next appointment. Multiple no-shows within a 12-month period may result in dismissal from our practice. These fees will be updated from time to time in accordance with the operations of the business. Certain exclusions apply. Please speak to a staff member.

Dilation Notice

Our doctors may need to dilate your eyes during your visit to fully assess your condition. After dilation, you may experience an increased sensitivity to light and/or blurry vision, making it unsafe to drive yourself home after the visit. We advise you to bring sunglasses, a companion (driver), and/or make necessary travel arrangements after the appointment. (e.g. taxi, etc.). The drops typically wear off within 4-6 hours, but the effect can persist longer in some people.

Research at Prism Eye Institute

Research at Prism helps to provide our patients with access to new treatments and the best care possible. Many of our doctors are involved in research projects that aim to improve vision care. Over the course of your care, you may be invited to take part in such research projects. Participation is always voluntary, and you can decline to take part. Participation in research does not diminish your rights as a patient. In some cases, our research requires a retroactive study of past visits to better understand our current treatment practices. In these cases, we may look into your medical record for information. Personal identifying information such as your name, address, contact number and OHIP number is never collected or used in any research work.

Release of Medical Information

Your privacy is important to us. In accordance with Provincial laws regarding personal health information (PHIPA, 2004), your health information will be kept strictly confidential unless you provide a written request to share it with another party (for example, another doctor), or as required by law.

Consent to the Collection, Use, and Disclosure of Personal Health Information

I understand that the office will only collect, use, and disclose my personal health information with my consent (as set out in its privacy policy) unless required by law without my consent. I also understand that I may decline to sign this consent form. I may also withdraw my consent at any time in writing. By declining to sign this form or withdrawing consent, I further understand that Prism Eye Institute may decline to continue to provide me with ongoing care in its facilities beyond emergency and urgent care until a suitable alternate provider is identified. I authorize the release of my personal health information to obtain medical/health records from insurance providers (as applicable — OHIP and/or private insurance) and health care professionals concerned with my care at Prism Eye Institute.

Please sign below:

I have read and understood the information indicated above.

Patient Name

Patient Signature

Date (yyyy/mm/dd)