George & Judy Woo Centre for Sight Enhancement
University of Waterloo, School of Optometry & Vision Science

Intake Form

Contact Information

First Name:

Family Name:

Date of Birth (day/month/year):

Gender:

Ontario Health Card Number:

Mailing Address:

Home Telephone (include Area Code):

Cell number:

Business Phone:

E-mail:

Alternate Contact

Preferred contact number and/or email and name (if different from above) for booking appointments:

Name:

Tel: E-mail:

Name of Power of Attorney, Parent or Guardian (if applicable):

Communication Preferences

In what format would you like to receive written correspondence and reports from us? Please select one.

- ☐ regular print
- ☐ large print
- ☐ braille
- ☐ email

Preferred language of written communication: ☐ English ☐ French

How would you like to receive appointment reminders, recalls or notices about your orders?

- ☐ Email
- ☐ Text
- ☐ Phone

Occasionally the Clinic has general information to share. Would you like to receive:

Educational information	☐ Yes	☐ No
Newsletters	☐ Yes	☐ No
Marketing information	☐ Yes	☐ No

Benefits

Please check off if you have one or more of the benefit coverages below:

- ☐ Ontario Disability Support Program (ODSP)
- ☐ Assistance for Children with Severe Disabilities (ACSD)
- ☐ Ontario Works (OW)
- ☐ Veterans Affairs (DVA)

If you have coverage, please provide your Client Number, Contact Name and Office Location if applicable:

Vision Information

What is the name of your eye condition? Please answer to the best of your knowledge.

What are the visual tasks you would like help with? Please check all that apply:

- ☐ reading
- ☐ writing
- ☐ TV
- ☐ Driving
- ☐ Other:
- ☐ education
- ☐ vocation
- ☐ computer access
- ☐ glare control
- ☐ personal care/ grooming
- ☐ shopping
- ☐ seeing faces
- ☐ household chores
- ☐ hobbies

Which task would you like us to focus on at the first visit?

Do you need any accommodations for spoken communications? (For example: sign language interpreter; non-verbal communication, translator, etc.):

Do you have any additional challenges, such as problems with mobility, hearing, dexterity etc.? ☐ Yes ☐ No

Please explain:

Is there a particular device you have heard of and would like to see? If yes, which one?

Is there any other information about you that you would like us to know?

Other Appointment Options

Counselling/Resources

Are you interested in having an appointment with our counsellor for support? ☐ Yes ☐ No

Would you like information on additional resources/support? ☐ Yes ☐ No

We provide a team approach to counselling and have counselling and social work interns. Melinda Szilva, Registered Psychotherapist provides clinical supervision to the team.
Are you okay being booked with an intern? ☐ Yes ☐ No

Computers

Would you like an appointment to investigate adaptations for the computer and accessible software? ☐ Yes ☐ No

(If yes, please complete the Computer Intake Form)

Medical Information

Please provide contact information for your doctors. We will forward a report to you and to them after your appointment. If you do not wish to have a report sent to a doctor, please let us know.

Optometrist

Name:

Telephone Number:

Date you last saw this doctor:

Ophthalmologist

Name:

Telephone Number:

Date you last saw this doctor:

Family Doctor Name:

Date form completed (day/month/year):

Completed by:

Return form to:

George & Judy Woo Centre for Sight Enhancement
School of Optometry & Vision Science
University of Waterloo
200 University Ave. W.
Waterloo, ON N2L 3G1

Fax: 519-746-2337
Tel: 519-888-4708

E-mail: LVclinic@uwaterloo.ca
(Note, we do not recommend sending health information by email as it can be less secure. If you do use email, we suggest encrypting the document/email).