

Low Vision Clinic
University of Waterloo, School of Optometry & Vision Science
Intake Form

First Name:

Family Name:

Date of Birth (day/month/year):

Gender:

Ontario Health Card Number:

Address:

Home Telephone (include Area Code):

Cell:

Business Phone:

E-mail:

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

Tel:

E-mail:

Name:

Name of POA, Parent or Guardian (if applicable):

For benefit coverage purposes, are you covered under:

Ontario Disability Support Program (ODSP)

Assistance for Children with Severe Disabilities (ACSD)

Ontario Works (OW)

Veterans Affairs (DVA)

If yes, provide your Client Number, Contact Name and Office Location:

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?

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

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

Do you have any difficulty with spoken communication? Please specify (for example: English is not first language; require sign language interpreter; use non-verbal communication, etc.):

Have you ever been assessed, or will you be assessed, at an Augmentative Communication or Writing Aids Clinic? If yes, when and where?

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

Please explain:

Do you hold a current driver's licence? Yes No

(Note: The Ontario Highway Traffic Act states that physicians/optometrists must report any patient over 16 who has "a condition that may make it dangerous to drive".)

Do you presently use low vision devices (e.g. magnifier)? Yes No

If yes, please describe:

Are you happy with these devices? Yes No

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

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

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

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

(If yes, please complete the enclosed Computer Assessment Information Form)

Medical Information:

Please provide contact information for your healthcare providers and we will forward a report to you and to them after your appointment at the Low Vision Clinic. If you do not wish to have a report sent to a doctor, please let us know.

	Optometrist	Ophthalmologist	Family Doctor
Name			
Address and Phone Number			
Date last seen			

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

regular print large print braille email

Preferred language of written communication: English French

Do you have any medical conditions for which you are currently receiving treatment? Please list:

Please list the medications that you are taking:

For your eyes:

All other medications:

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

Please indicate the smallest print size that you are able to read. If you have reading glasses please wear them for this test.

From what distance did you read it?

Inches

A rose is a thorny plant that is grown mainly for its beautiful flowers. Some members of the rose family are grown for their fruits. The fruits come from the flowers and the seeds are in the fruit.

A yellow poplar is a tree. It is sometimes called a tulip tree. Its greenish flowers are shaped like tulips. There are many kinds of trees with flowers.

A daylily is a wildflower with large fragrant blossoms. There are many kinds of wildflowers.

Corn is a member of the grass family. Rye and rice are also grasses.

A carrot is a garden vegetable.

Pink flowers

Date form completed (day/month/year):

Completed by:

Return form to: Low Vision Clinic, School of Optometry & Vision Science, University of Waterloo, 200 University Ave. W., Waterloo, ON N2L 3G1

Fax: 519-746-2337 E-mail: lvclinic@uwaterloo.ca