



New Patient History Form

Office Use

- CEE: _____
- Diabetic CEE
- Partial
- Emerg

Name: _____ Phone Home: _____

Address: _____ Work: _____

Postal Code: _____ Cell: _____

Birth Date: (M/D/Yr) _____ Email: _____

AB Health Care #: _____ Occupation: _____ How did you hear about us? _____

Family Physician's name: _____ Phone #: _____

Last Eye Exam: _____ Reason for your visit: _____

Family History:

- High Blood Pressure
- Diabetes
- MS
- Thyroid
- Macular Degeneration
- Glaucoma
- Cataracts
- Cancer
- Cross eye(s)
- Lazy eye(s)

Patient History:

- High Blood Pressure
 - Diabetes
 - MS
 - Thyroid
 - Macular Degeneration
 - Glaucoma
 - Cataracts
 - Cancer
 - Smoker
- Cross eye(s)/ Lazy eye(s) (circle one)
- Eye surgery/ Trauma (circle one)

Medications:

Allergies:

Private Information Consent (Please read the backside)

I have read the Private Information Protection Consent and understand how this policy applies to me. I understand that the personal information collected about me and held by Eye on Evanston will be limited to that which is necessary and as outlined in the Private Information Protection Policy.

I agree to Eye on Evanston collecting, using and disclosing personal information about me as outlined in the Private Information Protection Consent.

I have been assured that Eye on Evanston will keep my personal information confidential and secure and a copy of the Private Information Protection Consent is available to me upon request, as is the information recorded regarding my personal file.

Signature: _____ Date: _____

Notes:

Office Use:

- DFE
 - Cyclo
 - CL Eval
 - F/U
 - OCT / VF / PHOTO
- CEE Bal: \$** _____
- Avail Ins: \$** _____



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Private Information Consent

Our commitment to you is that we will only use your personal information as required to provide you with excellent vision care services and products and we will respect your privacy choices. We do a number of things to protect the confidentiality and security of your personal information. These steps include:

- Keeping the offices, file storage, and desks secure.
- Limiting access to information to staff and consultants who require it
- Investigating suspected security problems, and
- Using reasonable security measures such as passwords and encryption for electronic information.

Sharing Information with Others: We obtain your written or verbal consent before sharing your personal information, and do not sell or otherwise distribute your personal information to anyone without your consent (except where required to do so by law or to meet credit reporting requirements). Privacy legislation provides specific instances in which we are able or required to collect or report information without your consent – such as during fraud investigations or in response to orders from legal authorities.

There are also instances where we need to share your information with our business partners (such as lens labs) in order to provide you with the services or product you have requested, or with insurance firms or government agencies that are providing reimbursement for services. In such cases, we only share the information that is required for the transaction.

If you have vision concerns that would benefit from the involvement of other medical professional, your Doctor may share your personal information with those professionals in order to provide you with the best diagnosis, treatment, and service.

Within our office, we may use our contact information from time to time in order to let you know about products or services that you might be interested in – through phone calls, a newsletter, or other means. We do this to help you find the best possible vision care, and you may have your name removed from communication lists on request.

Your Financial Information: Depending on the method of payment you are using, we may collect your name, address, credit or debit account numbers, and other information necessary to complete your transaction. We protect this information in the same manner as your other personal information, and do not share it with any parties other than those financial institutions involved in processing your payment.

Viewing your Information: On request, you may see the personal, health and financial information that we have on your file. If your file contains information from other parties on your file, we cannot disclose that information to you for legal and business reasons – that information is legally the property of the person or company that provided it. Please contact us if you wish to view your file information. It may take up to ten working days for us to gather this information for your review.

Privacy Laws and Regulations: Canada's privacy legislation regulates organizations that collect, use, or disclose personal information in the course of commercial activity.

The Need for Privacy Protection: In today's world of electronic information, we all want to ensure that our personal and financial information is secure. We also want to know that our information is only being used in appropriate ways. Our Doctors and staff share your commitment to preserving your privacy.

Information you share with us: We take pride in helping you meet your needs through a full range of vision products and services. In obtaining our services, you share information with us about who you are, where you live and work, and aspects of your lifestyle. The information that we require about you will vary depending on the type of product or service you are requesting.

We obtain this information from you directly. With your consent, we may also obtain information from other medical professionals, financial institutions or other sources you may have given us.

If you have questions regarding privacy policies, please contact The Alberta Government Privacy Help Desk at privacyhelpdesk@gov.ab.ca