vista eye centre

Dr. Larissa A. Derzko-Dzulynsky, MD, FRCSC
Dr. Nupura K. Bakshi, MD, FRCSC
Dr. Tiiu Hess, MD, FRCSC

NEW PATIENT QUESTIONNAIRE:

Name: _____ D.O.B.:_____
Last Name First Name D/M/Y

Address:_____

City: _____ Postal Code: _____

Home Phone #: _____ Work Phone #: _____

Email address: _____ Cell Phone #: _____

Family doctor: _____ Phone #: _____

Health Card #: _____ Version Code: _____

Past Ocular History:

_____

_____

Current Eye drops:

_____

_____

Past Medical History:

_____

_____

Previous Surgery:

_____

_____

Current Medications & Vitamins:

_____

_____

Family history (circle all that apply):

Diabetes ◯ High blood pressure ◯ Heart disease ◯ Macular degeneration ◯
Arthritis ◯ Cancer ◯ Stroke ◯ Glaucoma ◯
Retinal detachment ◯

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St. Joseph's Health Science Centre | Kensington Eye Institute | St. Michael's Hospital