



# GEM CLINIC\*

## Glaucoma & Eye Management Clinic

Dr. Jennifer W. Rahman\*, Eye Physician and Surgeon, Glaucoma Consultant

Dr. Sylvia Kogan\*, Eye Physician and Surgeon, Comprehensive Ophthalmologist

Dr. Tyler Buffie, Optometrist

\*medical corporation

### PATIENT QUESTIONNAIRE

Your appointment is with:  Dr. Jennifer W. Rahman  Dr. Sylvia Kogan

Please complete this form and bring it to your consultation appointment to facilitate your registration. This form is REQUIRED for all new patients and must be completed prior to your appointment.

#### Patient Information:

Name:	Phone #:
Address:	Alternate Phone #:
City/Postal Code:	Email:
Date of Birth:	Occupation:
MB Health # (6 digits):	PHIN (9 digits):

#### Family Doctor:

Name:	Address:
City:	Postal Code:
Phone Number:	Fax:

#### Optometrist:

Name:	Address:
City:	Postal Code:
Phone Number:	Fax:

#### Other Doctor/Specialist (to correspond with):

Name:	Address:
City:	Postal Code:
Phone Number:	Fax:

#### Pharmacy:

Name:	Address:
City:	Postal Code:
Phone Number:	Fax:

#### Power of Attorney (POA):

Name:	Phone Number:
Address:	City/Postal Code:

Tuxedo Park Shopping Centre - Unit 221-2025 Corydon Avenue - Winnipeg, Manitoba R3P 0N5

Phone: (204)992-4000 - Fax: (204) 992-4006 - [www.gemclinic.ca](http://www.gemclinic.ca)

Please COMPLETELY fill out this form and bring it to your appointment.

Do you have Home Care? Yes No

If yes, provide the name, address, phone and fax # for your Case Coordinator or Nurse:

Do you use Handi-Transit? Yes No

If yes, please provide your handi-transit # \_\_\_\_\_

Are you a smoker? Yes No

Do you drive? Yes No

Family History of Glaucoma: Yes No If yes, which family member: \_\_\_\_\_

Allergies	Reaction
<i>Example: Tetracycline</i>	<i>Hives, shortness of breath</i>
1.	
2.	
3.	

\*You may attach printout from your pharmacy.

**EYE DROPS**

Name	Frequency	Eye (Left/Right)
<i>Example: Xalatan</i>	<i>1 x at night</i>	<i>Both</i>
1.		
2.		
3.		
4.		
5.		
6.		

**MEDICATIONS**

Name	Dosage	Frequency
<i>Example: Metformin</i>	<i>500 mg</i>	<i>2x a day</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		