

---

# Thompson Rivers Family Optometry

---

Dr. Robert J. ALLAWAY\* & Associates  
Optometrists

Welcome to Thompson Rivers Family Optometry! We're glad you're here.  
We're committed to creating a safe, respectful, and inclusive environment for everyone.  
This form helps us provide you with the best possible care, tailored to your needs.

## 1. Personal Information

- BC Personal Health Number: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Legal Last Name (as shown on BC Services Card): \_\_\_\_\_
- Legal First Name (as shown on BC Services Card): \_\_\_\_\_
- Pronunciation Tips (optional): \_\_\_\_\_
- Preferred Name (if different from above): \_\_\_\_\_
- Pronouns (optional):  He/Him  She/Her  They/Them  Other: \_\_\_\_\_

## 2. Contact Details

(Used for; appointment reminders, order ready notices, etc.)

- Phone Number: \_\_\_\_\_
- Mailing Address:
  - Street: \_\_\_\_\_
  - City: \_\_\_\_\_
  - Postal Code: \_\_\_\_\_
- Email Address: \_\_\_\_\_

Communication Consent (Check *all* that apply):

I consent to receiving appointment reminders & updates via:

Text     Email     Phone Call

I do not wish to receive *digital* communications.

**\*Please note, email reminders are more detailed & have more information than text.**

---

THERE ARE 2 SIDES TO THIS QUESTIONNAIRE  
PLEASE FILL OUT BOTH TO THE BEST OF YOUR ABILITY

---

# Thompson Rivers Family Optometry

---

### 3. Basic Health & Medical Information

- Family Health Provider (MD, NP, Etc): \_\_\_\_\_
- Do you have any allergies? (e.g. silicone, latex):  
 No     Yes → Please list: \_\_\_\_\_

### 4. Extended Benefits & Coverage

- Are you covered under:  
 FNHA (First Nations Health Authority)  
 Government Assistance (Income Assistance / Disability / Etc)  
 Other (Sunlife, Blue Cross, Etc): \_\_\_\_\_

\* Please provide coverage card(s) or screenshot(s) to front desk staff

### 5. Emergency Contacts

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

*CALL THIS PERSON 1ST*

*CALL THIS PERSON 2ND*

### 5. Additional Information

Is there anything thing else you would like use to know to best support your visit?

---

---

---

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

THERE ARE 2 SIDES TO THIS QUESTIONNAIRE  
PLEASE FILL OUT BOTH TO THE BEST OF YOUR ABILITY