

Patient Number # _____

WELCOME TO OUR PRACTICE

Please complete the following to aid us in providing you with a complete and comprehensive examination
You can be assured that our practice will handle your personal information in accordance with the Privacy Act.

Name: _____ Preferred Name: _____ DOB: ____/____/____

Name of parent/guardian's: _____ Do you have a Concession card? _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____ Private Health Fund (Extras) _____

School _____ Grade: _____ Teacher _____

How did you find out about us? _____

Reason for examination? New Glasses Contact Lenses Recommended by GP Blurred vision
 Red or Sore eye(s) Learning/school difficulties Headaches Recommended by Teacher
 Routine Check Up Other _____

Any particular concerns: _____

When was your last eye examination? _____ Which practitioner? _____

Do you see an Ophthalmologist, If so, who? _____

Are you using any eye drops regularly? _____

Do you wear glasses? _____ If yes, how many pairs do you use? _____ How old are the glasses? _____

Are they: Distance Reading Bifocal Multifocal/Gradual Prescription Sunglasses (Tick all appropriate)

Do you wear contact lenses? Yes No

I want to know more about contact lenses and if I am suitable to wear them

Please list any medications you are taking (both prescription and over-the-counter).

Are you allergic to any medications? _____

Who is your general practitioner? _____

We may send your GP reports about your eye examination where appropriate.

If applicable, can we request reports from your GP and/or specialist? Yes No

What are your hobbies, sports, interests? _____

Do you use a computer? Yes No If yes, how many hours per day?

Do you spend a considerable amount of time outdoors? Yes No Do you wear sunglasses with full UV protection? Yes No

Do you require specific eyewear for your line of work? Yes No If yes, what type? Safety / Magnified / other _____

1. Signed _____ Date _____
Parent/Guardian

Please turn off your mobile phone in the consulting room.