FreSh VISION OPTOMETRISTS by Davey & Associates

***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.**

Title: Mr / Mrs / Miss / Ms / Dr Name:_____Preferred Name:_____ DOB:_____/_____/_____

Name of carer (if applicable): _____Do you have a Concession card? _____

Address:_____

Home Phone:_____ Work Phone: _____ Mobile: _____

Email:_____ Private Health Fund (Extras) _____

Occupation: _____

Partner's name_____ How did you find out about us?_____

Reason for examination? ☐ New Glasses ☐ Contact Lenses ☐ Recommended by GP ☐ Blurred vision

☐ Red or Sore eye(s) ☐ 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_____ Please turn off your mobile phone in the consulting room.