

WELCOME TO OUR PRACTICE

New Patient - ADULT

Title: _____ First Name: _____
 Surname: _____ D.O.B: _____
 Prefer to be known as: _____
 Mobile: _____ Home Phone: _____
 Email: _____
 Address: _____

Private Health Fund Fund Name: _____

Pension card Veteran's affairs card

What is the main reason for your visit today? _____

How did you hear about our practice?

Word of mouth Internet Referred by: _____

ABOUT YOU

Occupation: _____

Sports/ Hobbies/ Interests: _____

Do you currently wear glasses for ...

Distance/Driving Reading Computer

Sunglasses Safety glasses

Do you use computers/ Digital devices / Social Media

Multiple screens (eye to screen distance ____cm)

Desktop Laptop iPad/ Tablet Phone

Do you wear/ have you ever worn contact lenses? Yes No

Are you interested in trying contact lenses? Yes No

Do you smoke? Yes No

DO YOU EXPERIENCE (tick if applicable)

Dry/ gritty eyes Red eyes

Itchy eyes Watery eyes

Burning/ stinging eyes Sore eyes

Headaches Double vision

Floaters/ spots in vision Light flashes

Glare sensitivity Dizziness

Uncomfortable glasses Sudden loss of vision

Blurred near vision Blurred far vision

PERSONAL MEDICAL HISTORY (tick if applicable)

Diabetes Heart disease

High blood pressure Stroke

Sleep disorder/ apnea Asthma/Hay fever

Arthritis Depression/ anxiety

Eye surgery Eye injury/ infection

Head injury/ whiplash Lazy / turned eye

Other: _____

How is your general health? Good Fair Poor

Please list your current medications/ supplements:

What allergies/ sensitivities do you have? _____

Your current GP: _____

GP Practice: _____

FAMILY MEDICAL HISTORY (tick if applicable)

Glaucoma Diabetes

Macular Degeneration Blindness/ Loss of vision

Retinal Detachment Lazy/ turned eye

Cataracts Other: _____

OPTOMAP RETINAL IMAGING

As part of your comprehensive eye examination, we recommend you have an ultra-wide image taken of the back of your eyes using the latest technology called OPTOMAP. This camera captures up to 80% of the retina, compared to standard retinal image of 15%. It allows early detection of certain eye conditions such as retinal detachment, diabetic eye disease, melanoma etc.. OPTOMAP is highly recommended on all new patients and patients returning for their annual check-ups. Additional fees apply:

Standard scan \$20 Comprehensive scan \$55

I DO NOT wish to have the OPTOMAP images taken

YOUR PRIVACY

Your personal information is handled with the utmost confidentiality and security and in accordance with the Privacy Act. Are you happy to receive occasional communications regarding appointments, your glasses or contact lenses and eye health information by: Email SMS Post

Please exclude me from all marketing

Signature: _____ Date: _____