

To provide you with the best possible care, we need to ask you a few questions:

PATIENT DETAILS

Title: _____ Surname: _____ Given Name: _____ Preferred Name: _____

DOB: _____ / _____ / _____

Address: _____

Phone (Home): _____ (Work): _____ (Mob): _____

Email: _____

Are you covered by a private health fund? Yes, Name of fund: _____ No

Occupation: _____

LIFESTYLE CONSIDERATIONS

Do you have any hobbies, sports (including swimming) or special interests? Yes No

Please specify: _____

Do you work on a computer? Yes No

Are you currently wearing spectacles? Yes No If yes, approximately how old are they? _____

Do you have any interest in wearing contact lenses? Yes No

MEDICAL HISTORY

Please indicate if you have experienced any of the following:

- | | | | | |
|---|-------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Eye Injury | <input type="checkbox"/> Lazy Eye | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Cataracts | <input type="checkbox"/> Eye Surgery |
| <input type="checkbox"/> Macular Degeneration | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Depression | <input type="checkbox"/> Allergies | <input type="checkbox"/> Other, please specify _____ | |

GP'S Name and Address: _____

When did you have your last eye examination? _____

HOW DID YOU HEAR ABOUT US

- | | | | |
|--------------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Relative | Please specify name: _____ | |
| <input type="checkbox"/> Health Fund | <input type="checkbox"/> Google | <input type="checkbox"/> Health Care Practitioner | <input type="checkbox"/> Yellow Pages (online) |

PRIVACY STATEMENT

At I-Care @ Optometrist your privacy is a major priority. Your personal information that we collect and hold may be used to send information to your doctor or specialist. Confidentiality and security are in accordance with the Privacy Act

We may send you information relating to eye care, eye wear and promotional offers. Do we have permission to send this material to you? Yes No

How would you like us to notify you when your next eye test is due? Email Mail SMS

Signature: _____ Date: _____