

Welcome to Our Practice



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Personal Details

Title _____ Name _____ Male Female
Address _____ Postcode _____
Email _____ Phone _____ Mobile _____
Occupation _____ Date of Birth / /
Medicare Number _____ Ref Number _____ Expiry Date / /
Are you covered by Private Health Insurance? Yes No
Private Health Fund Provider _____
What is the main reason for your visit today? _____

Lifestyle Details

It is important for us to understand how you live your life in order to provide you with a tailored eyewear solution to suit your needs and lifestyle. Please answer the questions below to give us an insight into yours.



Glasses

Do you currently wear glasses? Yes No

If Yes,

How old is your current pair? _____

Do you have more than 1 pair of glasses? Yes No

Do your glasses feel heavy on your face at the end of the day? Yes No



Contact Lenses

Do you currently wear contact lenses? Yes No

If Yes,

Are your eyes comfortable at the end of the day? Yes No

If No,

Are you interested in trialling contact lenses? Yes No



Outdoors and Protection

Do you spend a lot of time outdoors? Yes No

Do you have a problem with glare? Yes No

Do you wear prescription sunglasses? Yes No

Do you require safety glasses for your occupation or sporting activities? Yes No



Computers and Screen Devices

Does your work require computer use? Yes No

Do you have a dedicated pair of computer/office spectacles? Yes No

How long do you spend per day on computers or other screen based devices? _____ Less than 2 hours More than 2 hours

Do you experience one or more of the following after extended use?

• Eye fatigue • Headaches • Dry, sore or blurred eyes • Neck or shoulder pain? Yes No




Hobbies, Sports and Special Interests


Please list: _____

Medical Details

Since many general health conditions can be associated with eye health conditions it is important for us to have a clear understanding of your medical health and family history.

 Conditions	Your History	Family History
Allergies	Yes []	Yes []
Cancer	Yes []	Yes []
Cataracts	Yes []	Yes []
Diabetes	Yes []	Yes []
Eye Injury	Yes []	Yes []
Eye Surgery	Yes []	Yes []
Glaucoma	Yes []	Yes []
Heart Disease	Yes []	Yes []
High Blood Pressure	Yes []	Yes []
High Cholesterol	Yes []	Yes []
Lazy Eye	Yes []	Yes []
Macular Degeneration	Yes []	Yes []
Retinal Disease	Yes []	Yes []
Stroke	Yes []	Yes []
Other		

How did you hear about us?

 Relative / Friend / Previous Patient	Yes []
Your GP	Yes []
Internet Search / Our Website	Yes []
Facebook / Social Media	Yes []
Print Advert	Yes []
Other	

Future communication

 Are you happy to receive occasional communications including appointment reminders, eye health information and special offers by mail, email and sms?.....	Yes []	No []
Signature	Date / /	

Thank you for entrusting us with your eyecare

Privacy Statement: Our practice respects your privacy and will comply with the Privacy Act and the Australian Privacy Principles when handling your personal information (including health information). We use your personal information to help us provide services to you. We may also use your personal contact information to send you information regarding eye health, eye care and eyewear with your consent. By providing the information requested in the first three sections of this form we will be able to make an informed decision on how to best meet your eye care and eyewear needs. We may also need to provide some personal information to third party suppliers (such as providers of mail-out and electronic distribution services and eyewear suppliers) if and to the extent necessary for them to provide the relevant goods or services [for example prescription eyewear or contact lenses]. You can access all the personal information that we hold about you. Please contact us if you would like to know more about how we handle personal information or to see or obtain a copy of our full privacy policy.
