

Welcome to our Practice

Personal Details

Title.....Name (as on Medicare card).....
Address.....Postcode.....
Mobile/Phone..... Email.....
Date of Birth..... Occupation.....
Do you have a regular GP? Yes [] No [] Name of GP?.....
If required, may we send your medical practitioner a report? Yes [] No []
Do you have Private Health Insurance for Optical Extras? Yes [] No [] Which Fund?
Do you have either – A Pension Concession Card [] or Veterans Affairs Card []

Lifestyle Details

Do you currently wear glasses? Yes [] No []
Do you wear sunglasses? Yes [] No [] Are they prescription? Yes [] No []
Do you wear contact lenses? Yes [] No [] If not, are you interested in contact lenses? Yes [] No []

An understanding of your day to day activities will help us address your vision needs. Please list any hobbies, sports and special interests:

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How did you hear about us?

- Location/Walked past
 - Internet search/ Our Website
 - Recommended by Family/Friend
 - Referred by GP
 - Facebook/Social Media
 - Other
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Future Communication

Are you happy to receive occasional communications including eye health information and special offers by mail, email or sms? Yes [] No []

Our practice respects your privacy and will comply with the Privacy Act and National Privacy Principles when handling your personal information. We use your personal information to help us provide services to you, and with your permission, to send you information regarding eye health, eye care and eyewear.

Thank you for your assistance!