

Title: Mr / Mrs / Ms / Miss / Dr

First Name Last Name

Preferred name Occupation

Date of birth Postal Address (if different to street address)

Street Address Postcode

Postcode

☐ Home ph ☐ Work ph ☐ Mobile

☐ Email

Please tick the box next to your preferred first method of contact above

Do you have any of the following entitlements?

☐ Yes ☐ No (if yes, tick all that apply)

☐ Veterans Affairs

☐ Pension

☐ Health Care Card

We have facilities to directly claim for glasses and contact lenses from health funds via HiCaps.

Do you have optical cover with a private Fund? ☐ Yes ☐ No ☐ Not sure

If yes, what is the name of the fund?

When was your last visual examination (approx.)?

By whom or where?

Do you currently use any of the following? (Please tick all that apply)

☐ Prescribed Glasses ☐ Off-the-shelf Magnifying Glasses ☐ Contact Lenses ☐ Low vision aids

Have you had any eye/vision treatment other than glasses or contact lenses? ☐ Yes ☐ No ☐ Not sure

If yes, please list

Your general health and medications taken can affect your eye health and vision.

What is the name of your GP?

Clinic Name & Location

Do you have any of the following conditions? (Please tick all that apply) ☐ Diabetes ☐ High Blood Pressure

☐ High cholesterol ☐ History of Stroke ☐ Thyroid Problems ☐ Multiple Sclerosis

Did you find out about our practice by any of the following? (Please tick all that apply)

☐ Our location ☐ Doctor? ☐ Our website ☐ Newspaper advertising

☐ Family? ☐ Teacher? ☐ Facebook ☐ Newspaper editorial

☐ Friend? ☐ Other professional? ☐ Yellow Pages website ☐ Local Phone Directory

☐ Yellow pages ☐ Other

Who might we thank for referring you to us?

At optometry@cooroy your privacy is our priority. Your personal information that we collect and hold about you is handled with the utmost confidentiality and security and in accordance with the Privacy Act. We may use your personal contact information to send you regarding eye health, eye care and eyewear with your consent. For more information on how we manage your privacy please contact our practice.

Do you consent to us sending you occasional communications including appointment reminders, eye health information and relevant promotions via email, SMS or post? ☐ Yes ☐ No ☐ Not sure

Signed Date

Personal & Contact Details

Pensions

Health Fund

Visual History

Medical Details

Referral

Privacy