

# Initial Consultation Form

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Surname: \_\_\_\_\_ DOB:(DD/MM/YR) \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

(Please tick here if you prefer not to be emailed for marketing purposes  )

Business Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

When was your last eye examination? \_\_\_\_\_

Do you wear: Glasses? \_\_\_\_\_ Last Prescribed? \_\_\_\_\_

Contact Lenses? \_\_\_\_\_ Soft/Hard: \_\_\_\_\_ Brand: \_\_\_\_\_

Daily / 2 weekly / Monthly / Yearly \_\_\_\_\_

If no, are you interested in contact lenses? Yes  No

Are you interested in laser refractive surgery ? Yes  No

Are you interested in Orthokeratology? Yes  No  (Wearing lenses at night to correct shortsightedness/astigmatism)

Do you suffer from Dry Eyes? \_\_\_\_\_

List any concerns you have regarding your vision or eye health

\_\_\_\_\_

Family history of eye disease? \_\_\_\_\_ Glaucoma \_\_\_\_\_

Cataracts \_\_\_\_\_ Diabetes \_\_\_\_\_ Other \_\_\_\_\_

Have you ever injured your eyes or had surgery? \_\_\_\_\_

If yes, details: \_\_\_\_\_

Indicate any current medications \_\_\_\_\_

Indicate any allergies \_\_\_\_\_

What leisure activities do you participate in? \_\_\_\_\_

**Retinal Photography and OCT Imaging (similar to an MRI of the retina) are used to detect eye diseases earlier than most other diagnostic tests. They are an integral part of our eye examination but do NOT attract a Medicare rebate. Please indicate if you would like to discuss these tests further**

## How did you hear about our practice?

Internet  Facebook  Work Colleague  Friend/Relative  Walked Past

GP  Optometrist  Live locally  Other \_\_\_\_\_

**Privacy Statement:** Our practice respects your privacy and will comply with the Privacy Act and the National Privacy Principles when handling your personal information. We use your information to help provide services to you, and to send you information regarding eye health, eyecare and eyewear. If you do not provide this information requested in this form, we may be unable to provide these services to you, or our ability to do so may be impaired. Please contact us if you would like to know more about how we handle personal information.