eyes on docklands
Optometrists

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 ☐

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 ☐ 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.