



Thank you for choosing Options Eyecare to care for your vision needs. In order to provide the best service and to maintain the accuracy of our records, please provide the following details. Please be assured the information provided will be kept confidential.

Welcome to Our Practice

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_
Email: \_\_\_\_\_ Name of GP: \_\_\_\_\_
Preferred mode of contact: [ ] Home phone [ ] Work phone [ ] Mobile [ ] email

Do you have the following: [ ] DVA Gold Card [ ] Seniors/Pension Card
[ ] Private Health Fund \_\_\_\_\_

Health History

What specifically brought you to the practice today? \_\_\_\_\_

Do you or have you ever had:

- [ ] Regular tired eyes [ ] Blurry distance vision [ ] Problems changing focus [ ] Cataracts
[ ] Double vision [ ] Blurry near vision [ ] Regular flashing lights [ ] Glaucoma
[ ] Regular watery eyes [ ] Gritty sore eyes [ ] Spots floating in front of eyes

Do you or have you ever had:

- [ ] High blood pressure [ ] Stroke [ ] Glaucoma
[ ] Low blood pressure [ ] Diabetes [ ] Macular degeneration
[ ] Heart disorder [ ] Regular headaches [ ] Turned/lazy eye
[ ] Eye exercises prescribed [ ] Other \_\_\_\_\_

Are you currently on any medication (some medications may affect your vision) Yes / No

If so, please specify \_\_\_\_\_

Lifestyle Questions

- [ ] Do you use a computer? [ ] Do you wear prescription spectacles?
[ ] Does glare bother you? [ ] Do you wear prescription sunglasses?
[ ] Would you like to try contact lenses?

Other Questions

Why did you choose Options Eyecare?

- [ ] Newspaper Advertisement [ ] Other Print Advertisement [ ] Doctor's Referral [ ] Website
[ ] Yellow Pages [ ] Yellow Pages Online [ ] Location/convenience [ ] Family/Friend Referral
[ ] Sea FM 91.9 [ ] Mix 92.7 [ ] Television [ ] Other \_\_\_\_\_

If you were referred to our practice, who may we thank? \_\_\_\_\_