

Michael Smith Optometry

3A/68 Elgin Boulevard, Wodonga
Wodonga Vic 3690

Welcome To Our Practice

Thank you for choosing our practice. Please provide the following:

PATIENT DETAILS

Title: _____ Surname: _____ Given Names: _____

Date of birth: ____ / ____ / ____ Occupation: _____ Gender: Male Female

Address: _____

Suburb: _____ Postcode: _____ Home phone: _____

Work Phone: _____ Mobile phone: _____

Email address: _____

How do you wish to be contacted: (Please circle.) Phone SMS Email

Medicare number: _____ Reference No: _____ Expiry: _____

Do you hold a pension/health care card: Yes No Card number: _____

Are you covered by Private Health Cover: Yes No Health fund details: _____

When was your last eye examination: _____

LIFESTYLE CONSIDERATIONS

Do you have any hobbies, sports or special interests? Yes No

Please specify: _____

Do you require safety glasses for occupational or sporting activities? Yes No

Please specify: _____

Do you work on a computer? Yes No

Do you spend a lot of time outdoors? Yes No

Do you wear prescription sunglasses? Yes No

Are you currently wearing spectacles? Yes No

Are you currently wearing contact lenses? Yes No

MEDICAL HISTORY

Please indicate if you or your family have experienced any of the following:

Eye Injury High Cholesterol Glaucoma Cataracts

Eye Surgery Heart Disease Allergies Diabetes

Lazy Eye High blood pressure Stroke Macular Degeneration

Other, Please specify: _____

How did you first hear about our practice? _____

PRIVACY STATEMENT

Our practice will responsibly collect, use and store your personal information in accordance with the Privacy Act.