

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.