



WELCOME TO OUR PRACTICE

TITLE: _____ GIVEN NAMES: _____ SURNAME: _____
STREET: _____ SUBURB: _____ POSTCODE: _____
HOME PHONE: _____ WORK PHONE: _____
MOBILE: _____ DATE OF BIRTH: ____ / ____ / ____
OCCUPATION: _____ EMAIL: _____
GP's NAME: _____ GP's ADDRESS: _____
HEALTH FUND (OPTICAL COVER): _____

ARE YOU CURRENTLY WEARING SPECTACLES? Yes ☐ No ☐ If yes approximately how old are they? _____
ARE YOU INTERESTED IN NEW SPECTACLES? Yes ☐ No ☐
ARE YOU CURRENTLY WEARING CONTACT LENSES? Yes ☐ No ☐ If yes approximately how old are they? _____
ARE YOU INTERESTED IN NEW CONTACT LENSES? Yes ☐ No ☐

WHAT ARE YOUR HOBBIES and SPECIAL INTERESTS? _____
SPORTS (IF ANY): _____

HOW DID YOU FIRST HEAR ABOUT OUR PRACTICE?

Personal recommendation of: _____ (Please name the person we can thank for recommending you to our practice!)

- ☐ Friend or relative Who: _____
☐ Health Care Practitioner Who: _____
☐ Civic Group or Community Event Which: _____
☐ Sporting Club Who: _____
☐ Yellow Pages
☐ "Living in Cairns" Japanese Magazine
☐ Other: _____

MEDICAL HISTORY

Please advise us if you have suffered from any of the following:

- ☐ Eye Injury ☐ Lazy Eye ☐ Glaucoma ☐ Allergies ☐ Heart Disease
☐ Eye Surgery ☐ Cataracts ☐ Diabetes ☐ High Cholesterol ☐ High Blood Pressure

Other please specify: _____

WHAT IS THE BEST WAY TO CONTACT YOU AND CONFIRM APPOINTMENTS?

- ☐ SMS ☐ Email ☐ Mail ☐ Home phone ☐ Work phone ☐ Mobile phone

YOUR PRIVACY

At Penrose Eyecare your privacy is our priority. The personal information we collect and hold about you is handled with the utmost confidentiality and security and in accordance with the Privacy Act. For more information on how we manage your privacy, or for a copy of our privacy policy, please contact our practice. From time to time we may send you information on education relating to eye care and diseases, promotional offers and invitations to events and our practice newsletter.

Do we have your permission to send this material to you? ☐ YES ☐ NO
Please specify which format you would like this sent in: ☐ EMAIL ☐ MAIL

I authorise that the information I have provided to you is correct.

Signature: _____

Date: _____