

PATIENT INFORMATION SHEET

Title: First Name: Surname:

Date of Birth:

Address:.....

Suburb: Post Code:

Home Phone: Work Phone: Mobile:

Medicare Number: Ref No: Expiry:
(number next to name)

Private Health Fund: Membership No:

Pension / Health Care Card: Expiry:

DVA Gold Card No:

Work Cover Details: Claim Number:

REFERRAL DETAILS

Name of Referring GP/Specialist/Optomtrist:

Address:.....

If your current GP is not referring you to this clinic, please include the name and address, so a copy of your report can be mailed directly to their practice:

Name:

Address:

NEXT OF KIN

Title: First Name: Surname:

Address:.....

Suburb: Post Code:

Home Phone: Work Phone: Mobile:

MEDICAL HISTORY:

Please list all your current medications:

.....
.....
.....

Do you have a family history of Eye Disease:

.....
.....

Please list previous procedures/operations you have had (within the last five years):

.....
.....
.....
.....

Are you diabetic: Y /N

Do you have a current glasses prescription: Y / N