



Berwick Family Eyecare

OPTIMISE
YOUR VISUAL
PERFORMANCE

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PATIENT INFORMATION FORM

This form will give us important information that will help your optometrist to assess your vision. Please return the completed form by email or print and return at your next appointment.

Patient Details

Name Date of birth

Address PostCode.....

Email Telephone

GP Name & Clinic

Do you have Extras Private Health Insurance? No Yes If yes which fund?

If you have a Pension Card/Healthcare Card or Veterans' Card please present it at reception with your Medicare Card.

Medical History

Please advise if you have had any of the following:

- Eye Injury Lazy/turned eye Glaucoma Heart Disease Eye Surgery
- Diabetes High Cholesterol High Blood Pressure Head Injury

Any Allergies?

Please list any medications you are currently taking:

Family Medical History

Please advise if any of your family have had any of the following:

- Diabetes Short sighted Lazy/turned Eye Glaucoma Macula Degeneration

Lifestyle questions

- Work at a computer for a long time? Yes No Rarely
- Would like to try contact lenses Yes No
- Always wear your glasses? Yes No Rarely
- Have prescription sunglasses? Yes No
- Problems with glare or reflections? Yes No Rarely
- Have more than one pair of glasses Yes No
- Spend a long time outdoors? Yes No Rarely
- Need or want new glasses? Yes No

Who can we thank for recommending us?

How did you first hear about us?.....

**EMAIL TO BERWICK
FAMILY EYECARE**

**PRINT AND BRING
TO APPOINTMENT**