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