

Welcome to our Practice

Name:				D.O.B.:			_
							_
	: Home:						_
Email Add	ress:						_
	n:						
GP: (name	and address if kno	wn)					_
Are you in	a private health and	d have "extras" co	ver? (Name of co	ver if Yes): _			_
When was	your last eye test?		By Whom?				_
•	rrently wear spected they: O Distance			ifocals/Progr	ressive	O Bifocal/Trifoca	I
If "No" hav	e you ever worn sp	ectacles? Yes O	No O				
	rrently wear Contact they: O Soft I			ontinuous W	ear		
What spor	ts do you play?						
Any hobbie	es?						_
How did yo	ou hear about us? _						_
A "Digital attract a M	tinal Photography Retinal Image" is to edicare Rebate but baseline record for the py request.	may be claimed f	rom Private Heal	th Insurance	if allowable	e. This photograp	oh
Due to Me Bulk Billing previous 3	and Bulk Billing Codicare changes from is done for all patient years. In this situat Subsequent consul	om 01/01/15 the tents except when ion the full consul	a new patient has tation will be char	s been to and ged and the	other Opto		
Ο	I have read this	condition and ag	ree to this conditi	on			
This scan Rebate an	ining – Advanced lis definitive in the did is paid privately. State will discuss this wi	agnosis and mon Some (but not all)	itoring of macular Private Health Fu	ınds do prov	ide cover f	or this scan. You	
	<mark>tion</mark> your Comprehensiv Some people canno						
0 [Dilate my eyes toda	y if necessary	O Reschedule a	nother appo	intment if o	dilation needs to	be done
Do you color mail?	ia email, SMS or mansent to us sending Yes to all the above	you information o	on eye health, eye Yes, but only:-	wear and re	·		, SMS

Signature: _____ Date: _____