

Your Details:

Title: Given Name: Surname:

Nickname: Male: Female: Date of Birth: / /
DD MM YYYY

Address:

Suburb: State: Postcode:

Phone (Home):
 Phone (Daytime):
 Phone (Mobile):

E-Mail:

By giving your email address you agree to receive appointment reminders, recalls and practice communication from us. You can unsubscribe at any time. We will not share your email address with any third parties.

Occupation:

How did you hear about us?

Are you:
 - interested in new contact lenses? Yes No
 - interested in non-surgical vision correction? Yes No

Ocular History:

Do you have glasses? Yes No
If so, please bring your current glasses with you.

Do you wear contact lenses? Yes No
 Have you worn contact lenses in the past? Yes No

Please bring your contact lens packaging box with you (the box which originally contained your contact lenses) so that we know the type and make of lenses. If you have a written prescription then please bring that also.

Have you ever had;
 - eye problems, eye diseases? Yes No
 - eye injuries? Yes No
 - eye surgery? Yes No
 - eye infections? Yes No
 - eyes patched as a child? Yes No
 - drops prescribed for treatment of dry eyes? Yes No

More information/Other Eye Problems:

Health:

Who is your Doctor (GP):

Your Doctor's Clinic:

Please list any medication you are taking, (including prescription, herbal, and over-the-counter):

Please list any eye drops you are taking, (prescription or over the counter):

Please list all of your allergies (if any):

Family History:

Have any of your relatives had:

- Blindness? Yes No
 - Cataracts? Yes No
 - Diabetes? Yes No
 - Glaucoma? Yes No
 - Macular degeneration? Yes No
 - Other eye disease? Yes No

More information:

Activities/Hobbies/Visual Tasks:

Hours per day looking at computer screen:
 Hours per day outside in the sun:

Do you drive a car? Yes No
 Do you wear glasses or contacts whilst driving? Yes No

Do you participate in any of the following:

Reading for long periods of time
 Fine detailed work (eg. sewing/needlepoint)
 Home repair/gardening
 Dangerous/rough work
 Playing musical instruments
 Golf
 Fishing/Boating
 Skiing
 Contact Sport (eg. Football/Soccer/Basketball)
 Martial arts

Other Activities/More information:

Thank You for your time.