

## Welcome to our practice!

Thank you for choosing us as your Optometrist to help you with your eyecare and vision. We have provided independent eyecare to the people in and around Altona for over 30 years and we look forward to helping you.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone(Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Private Health Insurer: NA  / \_\_\_\_\_

Local Doctor( and address): \_\_\_\_\_

Occupation ( and any specific visual demands): \_\_\_\_\_

What is the main reason for your visit today? \_\_\_\_\_

**Pupil Dilation:** As part of your comprehensive eye examination it may be necessary to dilate the pupils of your eyes to more thoroughly examine the retina. Some people cannot drive for a few hours after the pupil dilation. If this test is required do you prefer us to:

Dilate my pupils today if necessary and I will wait/get a lift home or  Reschedule that part of the test to another day.

**OCT Imaging:** This scan examines the deeper layers of the eye and helps detect changes in eye health much earlier than a standard eye test. We recommend this as a baseline for all new patients to our practice and for those with risk factors. Your Optometrist will discuss this further with you if they believe it is required and the fee is \$70

**Contact Lenses:** If you have an interest in contact lenses let the Optometrist know and they will assess to see if you are suitable for contact lenses during your initial bulk billed visit. Prescribing, fitting and training for use of contact lenses requires two visits and is \$150.

**Who may we thank for referring you to our practice?** Teacher/School:  \_\_\_\_\_

Friend/Relative  \_\_\_\_\_ Doctor  \_\_\_\_\_

Internet-Google Search  Internet-Other  Passing

Workplace  \_\_\_\_\_ Other  \_\_\_\_\_