

New patient registration form

Title Dr Mr Mrs Ms Other D.O.B. _____

First name _____ Surname _____

Preferred name _____ Occupation _____

Address _____ Suburb _____ Postcode _____

Postal address _____ Suburb _____ Postcode _____

Home no. _____ Mobile _____ Work no. _____

Email _____

Medicare no. _____ Patient no. _____ Exp _____

Pension Health care card Number _____ Exp ____/____/____

Veterans Affairs - Gold White Number _____ Exp ____/____/____

Please select one: Aboriginal Torres Strait Islander Both Neither No comment

Health Fund _____ Number _____

May we use SMS to communicate with you regarding your appointment?

May we use email to communicate with you regarding your appointment?

Next of kin

Name _____ Relation _____ Contact no. _____

Parent/guardian (if patient is a child under 16)

First name _____ Surname _____ D.O.B. ____/____/____

Medicare no. _____ Patient no. _____ Exp ____/____/____

Correspondence

GP Name _____	Optometrist: _____
Clinic name _____	Clinic name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Do you have any other medical specialists involved in your care? (Endocrinologist etc.)

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Please turn over →

Please bring to your appointment

- A valid referral
- Your current glasses
- A current list of your medications

On the day of your consultation allow up to two hours. Be prepared that your pupils may need to be dilated for certain procedures. Bring sunglasses for comfort as you may experience light sensitivity and arrange alternative travel or have a driver with you as it is not advised to drive for 1 to 2 hours.

Payment is required on the day of consultation. Once payment has been made the Medicare rebate (if applicable) will be processed for you at time of payment.

Diagnostic tests and in-rooms procedures: On the day, your treating ophthalmologist may be able to offer immediate treatment to manage your condition. Additional fees may be charged for these tests and/or procedures. Some of these fees do not attract a Medicare rebate. Please ask our staff if you would like more information on these costs at your consultation.

Surgery: Our staff will provide you with a full estimation of costs and details for any surgery bookings.

Privacy agreement

East Melbourne Eye Group collects and holds personal information about you so that we can assess, diagnose and treat your condition. It is sometimes necessary to disclose information about you to other health care providers. At times it is also necessary for us to obtain information about you from other medical practitioners, in the form of previous correspondence and/or test results in relation to your health. We require your consent for this. Please advise if you would like to discuss further.

Name _____ Signature _____ Date ____/____/____

How did you hear about us?

Referral Friend/ family Google Other _____