Welcome to Our Practice



Personal Details

Child's Full Name			
Parent/Guardian's Name			
Address		Postcode	
Parent/Guardian's Email		Child's Date of Birth / /	
Parent/Guardian's Mobile			
Child's Medicare Number	Ref Number	Expiry Date / /	
Is your child covered by Private Health Insura	nce? Yes[] No[]		
Private Health Fund Provider			
GP's Name			
What is the main reason for your visit today?			

Lifestyle Details

It is important to understand how your child lives their life in order to provide them with a tailored eyewear solution to suit their needs and lifestyle.

Glasses If Yes, How old is their current pair? Contact Lenses If Yes. Are their eyes comfortable at the end of the day? If No, **Outdoors and Protection** Does your child have a problem with glare? **Computers and Screen Devices** How long does your child spend per day on computers or other screen based devices?...... Less than 2 hours [].... More than 2 hours [] Does your child experience one or more of the following after extended use? **Hobbies, Sports and Special Interests** Please list:

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Medical Details

Since many general health conditions can be associated with eye health conditions it is important for us to have a clear understanding of your child's medical health and family history.

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Conditions	Your Child's History	Family History
Allergies	Yes []	Yes []
Cancer	Yes []	Yes []
Cataracts	Yes []	Yes []
Diabetes	Yes []	Yes []
Eye Injury		
Eye Surgery	Yes []	Yes []
Glaucoma	Yes []	Yes []
Heart Disease		
High Blood Pressure	Yes []	Yes []
High Cholesterol	Yes []	Yes []
Lazy Eye	Yes []	Yes []
Macular Degeneration	Yes []	Yes []
Retinal Disease	Yes []	Yes []
Stroke	Yes []	Yes []
Other		

How did you hear about us?

Relative / Friend / Previous PatientYes []
Your GPYes []
Internet Search / Our Website
Facebook / Social MediaYes []
Print Advert
Other

Future communication

Signature

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Date / /
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Thank you for entrusting us with your eyecare

Privacy Statement: Our practice respects your privacy and will comply with the Privacy Act and the Australian Privacy Principles when handling your personal information (including health information). We use your personal information to help us provide services to you. We may also use your personal contact information to send you information regarding eye health, eye care and eyewear, with your consent. By providing the information requested in the first three sections of this form we will be able to make an informed decision on how to best meet your eye care and eyewear needs. We may also need to provide some personal information to third party suppliers (such as providers of mail-out and electronic distribution services and eyewear suppliers) if and to the extent necessary for them to provide the relevant goods or services (for example prescription eyewear or contact lenses). You can access all the personal information that we hold about you. Please contact us if you would like to know more about how we handle personal information or to see or obtain a copy of our full privacy policy.