

PATIENT INFORMATION

Title: _____ First Name: _____ Middle Name: _____

Last Name: _____ Preferred Name: _____

Birth Date: _____ Gender: ☐ Male ☐ Female ☐ Different Term

Address: _____

City: _____ State: _____ Post Code: _____

Other Languages: _____ Do you need an interpreter? ☐ Yes ☐ No

Occupation: _____

Phone Number: _____ Email: _____

Preferred methods of communication:

☐ SMS ☐ Email ☐ Mail ☐ Other _____

Emergency Contact: _____ Phone: _____

Relationship: _____

INSURANCE INFORMATION

Medicare number: _____ Reference Number: _____

DVA number: _____ ☐ Gold Card ☐ White Card (Provide condition letter)

Health Fund Name: _____ Member Number: _____

Pensioner Card #: _____ Health Care Card #: _____

Workcover Claim Number (if applicable): _____

Lodged: ☐ Yes ☐ No Date of accident: _____

Defence PM Keys: _____

OTHER HEALTHCARE PROVIDERS

Optometrist Name: _____ Practice: _____

Practice Address: _____

GP Name: _____ Practice: _____

Practice Address: _____

Other Doctors you would like reports sent to:

HEALTH HISTORY AND MEDICATIONS

Please list any previous eye conditions you have been diagnosed with:

Please list any ophthalmic medication you use on a regular basis:

Please list any eye procedures you have undergone previously (e.g: Laser eye surgery, etc.)

Please list any diagnosed health conditions:

Have you been diagnosed with Diabetes? ☐ Yes ☐ No

Do you take insulin? ☐ Yes ☐ No

Do you take any injectable weight loss drugs (e.g: Ozempic, Wegovy, etc.) ☐ Yes ☐ No

Please list any psychological diagnoses you have had:

Please list any medications, supplements or over the counter medications you take:

Are you allergic to any medications? ☐ Yes ☐ No

Please list:

FEES

Visionare Eye Specialists is a private clinic. Diagnostic tests may be required to assess your eye health and the costs associated is payable in full on the day of the appointment. Consultation fees are eligible for a Medicare rebate if you have a current referral letter from your GP or optometrist. Consultation fees are eligible for a Medicare rebate if you have a current referral letter from your GP or optometrist. By signing this form, you acknowledge that fees are payable on the same day.

Patient Signature

Date

CONSENT & PRIVACY

By signing this form, I consent to Visionare Eye Specialists:

- Collecting, storing, and maintaining my medical and personal information in accordance with Australian privacy and health record laws.
- Using electronic transcription and secure digital systems to document my consultations.
- To clinical photographs to be taken and stored as part of your medical record, and used for education or training in de-identified form unless you request otherwise.
- I understand that an observer may be present during my consultation/procedure and that my medical treatment will remain confidential.
- Requesting and receiving relevant medical records or reports from other health professionals and practices invoiced in my care.
- Retaining and using my health information to provide treatment, manage my ongoing care, and for administrative, billing, and compliance purposes.
- Communicating with me by telephone, email, and SMS (including appointment reminders, results follow-up, and general practice correspondence). I understand email/SMS may carry some privacy risks.
- Contacting me regarding investigation or pathology results but acknowledge that it is my responsibility to contact the practice if I have not received results within a reasonable time.
- Charging and requiring payment of fees for services provided, with responsibility for settling any out-of-pocket costs, even if rebates or third-party contributions are available.

Patient Signature

Date