Registration Form

THE EYE DOCTORS
CARE • PRECISION • CLARITY

Personal Information

First Name: Last Name:

Preferred Name: Date of Birth: / /

Gender: ☐ Male ☐ Female ☐ Other

Address:

Suburb: State: Postcode:

Phone: Email:

Medicare Card No: _ _ _ _ _ _ _ _ _ _ _ _ _ Ref: _

Health Fund: Membership No:

Are you covered by the Department of Veterans Affairs? ☐ Yes ☐ No

If yes, what is your card number: ☐ Gold Card ☐ White Card

Health Care Team

Optometrist Name & Address:

GP Name & Practice:

Emergency Contact

Name:

Relationship: Phone:

Agreement

All consultation fees are to be settled at the conclusion today (except those covered by the Department of Veterans Affairs). We are able to claim the Medicare Rebate electronically on your behalf today once the account has been paid.

I hereby confirm that the information provided is accurate and complete.

I have acknowledged and understood the **Privacy Policy** (enclosed).

Signature Date

Health Questionnaire

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General Health

Have you ever had any of the following?

- ☐ Eye Disease (e.g. Macular Degeneration)
- ☐ Diabetes
- ☐ Raynaud's Syndrome
- ☐ HIV, Hep B/Hep C
- ☐ High Blood Pressure
- ☐ Asthma
- ☐ Liver Problems
- ☐ Psychiatric Condition
- ☐ Stroke
- ☐ Sleep Apnoea
- ☐ Kidney Problems/Stones
- ☐ Epilepsy
- ☐ Heart Condition/Surgery
- ☐ Bronchitis, COPD
- ☐ Thyroid Disease
- ☐ Migraine
- ☐ DVT/PE
- ☐ Cancer
- ☐ Autoimmune Disease
- ☐ Other

If you have selected any of the boxes above, please provide details below:

Medications

Are you currently taking any medications used for weight loss or diabetes that act on **GLP-1 or GIP receptors**? (Examples include Ozempic®, Wegovy®, Mounjaro®, Trulicity®, Victoza®, Saxenda®, or Rybelsus®.) ☐ Yes - please specify: _____ ☐ No

Steroid Medications: ☐ Yes - please specify: _____ ☐ No

Please list all your other current medications (or attach list separately):

Lifestyle and Family History

Do you have any allergies? ☐ Yes - please specify: _____ ☐ No

Smoking status ☐ Never ☐ Current ☐ Former

Do you drink alcohol? ☐ Yes ☐ No

Do you use other recreational substances? ☐ Yes ☐ No

Do you have a family history of general disease? (e.g. diabetes, heart disease) ☐ Yes - please specify: _____ ☐ No

Do you have a family history of **eye disease?** (e.g. glaucoma) ☐ Yes - please specify: _____ ☐ No

Privacy Policy

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We are committed to protecting your privacy and managing your personal and health information in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

What we collect

We collect personal and health information necessary to provide your eye care, including your contact details, medical and eye history, medications, test results, imaging (e.g. scans and photographs), referrals, and relevant insurance details.

How we collect it

- From you directly when you provide your details to us. This might be via a face-to-face discussion, telephone conversation, registration form or online form
- From a person responsible for you
- From third parties where the Privacy Act or other law allows it - this may include, but is not limited to: other members of your treating team, diagnostic centres, specialists, hospitals, and pharmacists.

Why we collect it

We use your information to:

- Provide diagnosis, treatment, and ongoing eye care
- Arrange tests and referrals
- Communicate with other healthcare providers involved in your care
- Manage appointments, billing, and legal requirements

Disclosure

Relevant parts of your information may be shared with other treating health professionals, hospitals, diagnostic providers, insurers (where required), pharmacists, and support services involved in your care. We do not disclose full medical records to other parties without your written consent.

Storage & security

We store your information securely and take reasonable steps to protect it from loss, misuse, or unauthorised access. Your patient management software is Australian based and has servers within Australia.

Access

You may request access to, or correction of, your medical records at any time. You must sign a consent form to fulfil medicolegal requirements.

Contact

If you have concerns about your privacy, please speak with the Practice Manager or contact our practice:
Phone: 03 9662 1441
Email: admin@theeyedoctors.com.au