

## Welcome to our Practice!

Thank you for choosing Stephen Daly Optometrist.

Please complete the following to ensure we can efficiently address your eye health and vision needs.



### Personal Details

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Doctor's location: \_\_\_\_\_

Date of last eye examination: \_\_\_\_\_

### Your eyes (Please circle as many options as required)

The purpose of today's visit is:

1. Regular check-up

4. Specific health concern

2. Follow up visit

5. Change in vision

3. Would like new glasses or lenses

6. Interested in contact lenses

Other: \_\_\_\_\_

Do you ever experience any of the following:

Headaches?

Red Eyes?

Eyes Watering?

Eye Fatigue?

Sore Eyes?

Do you currently wear: Glasses?

YES

NO

Contact lenses?

YES

NO

If yes, what brand of lenses? \_\_\_\_\_

If no, are you interested in contacts? YES NO

Do you wear sunglasses?

NO

YES - Non prescription / Prescription

### Lifestyle (Please circle as many options as required)

Occupation: \_\_\_\_\_

Please list any hobbies, sports (incl. swimming) or special interests you have:

\_\_\_\_\_

Do you require safety glasses for your occupation or sporting activities?

YES

NO

Which electronic devices do you use?

Smartphone

Tablet

Laptop

Desktop

What percentage of your work day do you spend using a smartphone/tablet/computer: \_\_\_\_\_%

What percentage of your personal time do you spend using a smartphone/tablet/computer: \_\_\_\_\_%

### Privacy:

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_