



ABEL • ROBSON • FALKENSTEIN  
OPTOMETRISTS

## Welcome to our Practice

You have booked for a comprehensive eye examination and we would like to thank you for letting us look after your eye health and vision care needs. In order to give you the best care possible and provide the most beneficial use of your time with us, please read the following and bring with you the requested items and forms. Please arrive 10 minutes prior to your scheduled appointment time in order to complete the check-in process. Our optometrists want to give you the most thorough care possible, so please allow at least 40 minutes for your eye examination.

### Behavioural Eye Examinations

A behavioural eye examination may require us to perform additional tests, i.e. visual perceptual testing, which is not covered under Medicare or your private Health Fund. We encourage parents to accompany their child to the appointment and to refrain where possible from bringing siblings to the eye examination.

### Pupil Dilation

To better evaluate your eye health, the optometrist may need to use drops to dilate your pupils. Side effects of pupil dilation include temporary light sensitivity and reduction in reading vision and sometimes distance vision. It is therefore advisable to bring your sunglasses and/or arrange a driver to take you home. The optometrist may need to run additional tests such as the Optical Coherence Tomography (OCT) or Topography, which will incur an additional cost.

### Fees

Our standard fee for a first consultation ranges from \$120 to \$190. In most cases there will be a rebate from Medicare. Additional testing that maybe required will incur an extra cost. Reports requested by patients are ordinarily not included in the consultation. Comprehensive reports will incur an additional time based fee.

Please bring the following to your appointment:

- The completed questionnaire form
- Your Medicare card, Private Health Insurance card or Veteran Affairs card as appropriate.
- All prescription spectacles you currently use.
- If you wear contact lenses, please wear them to your appointment and bring your contact lens case. It is helpful to bring the boxes or lens packets that indicate all the lens details.
- Any prescription and non prescription eye drops and ointments that you use daily or occasionally.
- Any referrals or relevant reports from a Psychologist, Optometrist, Speech Pathologist or OT.

We are situated at **18a Starkey St, Forestville**. Parking is available behind the practice (enter through Violet Avenue as per map).

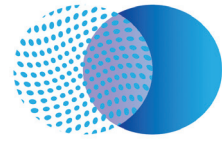
We look forward to seeing you soon! Do not hesitate to contact us if you have any questions.



ARF BEHAVIOURAL FAMILY VISION CARE

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## Personal Details

Title	Name	Male [ ]	Female [ ]
Address		Postcode	
Email	Phone	Mobile	
Occupation		Date of Birth / /	
Medicare Number	Ref Number	Expiry Date / /	
Private Health Fund Provider			
What is the main reason for your visit today?			
GP's Name		GP's Phone Number	
GP's Address			

## Lifestyle Details

It is important for us to understand how you live your life in order to provide you with a tailored eyewear solution to suit your needs and lifestyle. Please answer the questions below to give us an insight into yours.



### Glasses

Do you currently wear glasses? ..... Yes [ ]... No [ ]

#### If Yes,

How old is your current pair?.....

Do you have more than 1 pair of glasses? ..... Yes [ ]... No [ ]



### Contact Lenses

Do you currently wear contact lenses? ..... Yes [ ]... No [ ]

Are your eyes comfortable at the end of the day? ..... Yes [ ]... No [ ]

Are you interested in trialling contact lenses? ..... Yes [ ]... No [ ]



### Outdoors and Protection

Do you have a problem with glare? ..... Yes [ ]... No [ ]

Do you wear prescription sunglasses? ..... Yes [ ]... No [ ]

Do you require safety glasses for your occupation or sporting activities? ..... Yes [ ]... No [ ]



### Computers and Screen Devices

Do you have a dedicated pair of computer/office spectacles? ..... Yes [ ]... No [ ]

How long do you spend per day on computers

or other screen based devices? ..... Less than 2 hours [ ]... More than 2 hours [ ]

Do you experience one or more of the following after extended use?

• Eye fatigue • Headaches • Dry, sore or blurred eyes • Neck or shoulder pain? ..... Yes [ ]... No [ ]




### 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 medical health and family history.

 <b>Conditions</b>	<b>Your History</b>	<b>Family History</b>
Allergies .....	Yes [ ] .....	Yes [ ]
Cancer .....	Yes [ ] .....	Yes [ ]
Cataracts .....	Yes [ ] .....	Yes [ ]
Diabetes .....	Yes [ ] .....	Yes [ ]
Eye Injury .....	Yes [ ] .....	Yes [ ]
Eye Surgery .....	Yes [ ] .....	Yes [ ]
Glaucoma .....	Yes [ ] .....	Yes [ ]
Heart Disease .....	Yes [ ] .....	Yes [ ]
High Blood Pressure .....	Yes [ ] .....	Yes [ ]
High Cholesterol .....	Yes [ ] .....	Yes [ ]
Lazy Eye .....	Yes [ ] .....	Yes [ ]
Macular Degeneration .....	Yes [ ] .....	Yes [ ]
Are you currently taking medication? If yes, please list		
.....		
Other		
.....		
.....		


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## How did you hear about us?

 Relative / Friend / Previous Patient .....	Yes [ ]
Your GP .....	Yes [ ]
Internet Search / Our Website .....	Yes [ ]
Facebook / Social Media .....	Yes [ ]
Other	
.....	
.....	

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## Future communication

 Are you happy to receive occasional communications including appointment reminders, eye health information and special offers by mail, email and sms? .....	Yes [ ]	.....	No [ ]
Signature			
.....			
Date / /			
.....			

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**Thank you for entrusting us with your eyecare**

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**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).

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