Patient Information

Northern Eye Surgeons
Unit 1/ 1 The Gateway,
Edgewater WA 6027

P (08) 9301 0060
F (08) 9301 0610

TITLE	FIRST NAME	SURNAME
○ Mr ○ Ms ○ Mrs ○ Miss ○ Dr		
DATE OF BIRTH / /	HOME PHONE #	MOBILE #

ADDRESS	SUBURB
	POSTCODE

OCCUPATION	NEXT OF KIN	NEXT OF KIN PHONE #

GENERAL PRACTITIONER	GENERAL PRACTITIONER ADDRESS / PRACTICE
OPTOMETRIST	OPTOMETRIST ADDRESS / PRACTICE

MEDICARE NUMBER	REF	EXPIRY

PENSION CARD / HCC	PRIVATE HEALTH FUND	MEMBERSHIP NUMBER

DO YOU HAVE ANY OF THESE MEDICAL CONDITIONS?

- ☐ DIABETES
- ☐ HIGH BLOOD PRESSURE
- ☐ HIGH CHOLESTEROL
- ☐ HEART ATTACK
- ☐ STROKE
- ☐ ANY OTHER MEDICAL CONDITIONS: _____

_____

PLEASE LIST YOUR MEDICATIONS

HAVE YOU EVER SMOKED?
○ Yes ○ No

IF YES, DO YOU STILL SMOKE?
○ Yes ○ No

HOW MANY PER DAY?

DO YOU HAVE ANY ALLERGIES?
○ Yes ○ No

IF YES, TO WHAT?

ARE YOU PREGNANT?
○ Yes ○ No

General Ophthalmic History information

IN YOUR OWN WORDS, WHY ARE YOU HERE TODAY?

HAVE YOU HAD ANY OF THE FOLLOWING?

- ☐ FLASHES OR FLOATERS
- ☐ DISTORTED VISION
- ☐ BLURRED VISION
- ☐ RED EYE
- ☐ PAINFUL EYE
- ☐ DRY EYES
- ☐ RETINAL DETACHMENT OR RETINAL TEARS
- ☐ EYE INJECTIONS
- ☐ DIFFICULTY WITH DRIVING AT NIGHT
- ☐ GLAUCOMA OR HIGH EYE PRESSURE
- ☐ CATARACT SURGERY
- ☐ WATERY/ MUCKY EYE
- ☐ FLUID OR SWELLING ON THE RETINA
- ☐ MACULAR DEGENERATION
- ☐ INFLAMMATION OF THE EYE
- ☐ OTHER? PLEASE EXPLAIN:

_____

_____

HAVE YOU SEEN AN EYE DOCTOR BEFORE?

◯ Yes ◯ No

HAVE YOU HAD ANY PREVIOUS EYE PROBLEMS?

◯ Yes ◯ No

IF YES, PLEASE LIST:

HAVE YOU HAD EYE SURGERY BEFORE?

◯ Yes ◯ No

IF YES, WHAT TYPE OF EYE SURGERY?

DO YOU HAVE A **FAMILY HISTORY** OF ANY OF THE FOLLOWING?

- ☐ MACULAR DEGENERATION
- ☐ GLAUCOMA
- ☐ DIABETES
- ☐ RETINAL DETACHMENT
- ☐ OTHER EYE CONDITION? PLEASE LIST:

_____

_____

DO YOU TAKE ANY REGULAR EYE DROPS?

◯ Yes ◯ No

IF YES, PLEASE LIST:

DO YOU WEAR GLASSES OR CONTACTS FOR DISTANCE (i.e. Driving) ?

◯ Yes ◯ No

DO YOU WEAR GLASSES OR CONTACTS FOR NEAR (i.e. Reading) ?

◯ Yes ◯ No

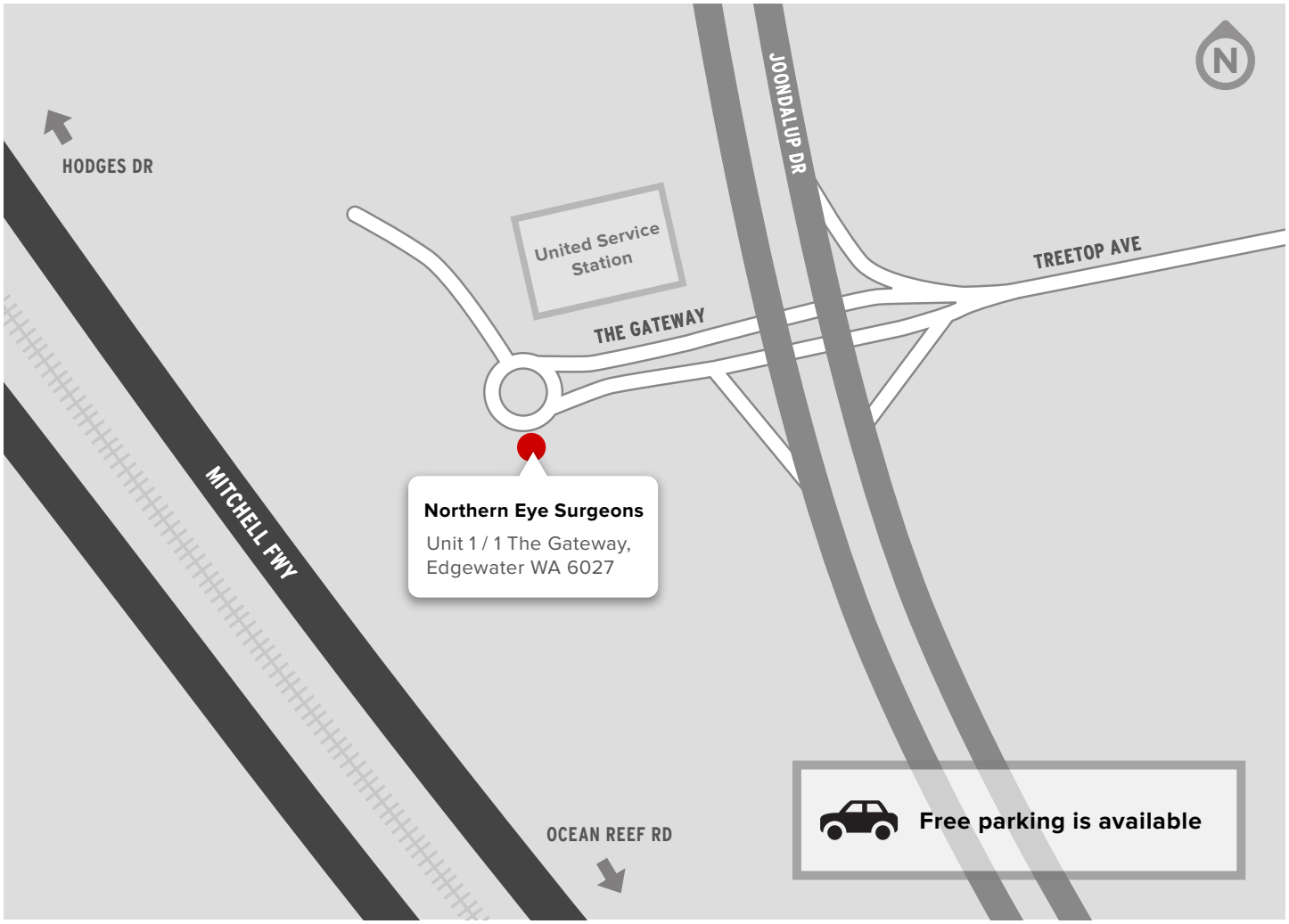
IF YOU ARE HERE FOR CATARACT SURGERY, WHAT DO YOU WISH TO ACHIEVE FROM SURGERY?

Getting Here

Location Map

Unit 1 / 1 The Gateway,
Edgewater WA 6027

(08) 9301 0060



Please remember:

Bring your referral from your referring specialist, Doctor or General Practitioner. This is required for Medicare rebate.

Arrange somebody to help take you home.

Please bring sunglasses to protect your eyes, as the anaesthetic and drops will make your eyes dilate.

Payment on day is required. Northern Eye Surgeons accept cash, EFTpos and major credit cards.

Please allow 2-3 hours for your appointment.