

FOR EYES

OPTOMETRIST

Welcome to For Eyes Optometrist – thank you for choosing us for your eyecare.

Email: reception@foreyes.com.au Phone: (08) 9335 3433

Name

Date of Birth

As listed on Medicare card

Address

Unit/Street

Suburb

State

Postcode

Phone

Email

Mobile/Home Phone

Private Health Insurance

General Practitioner / Doctor (Name and Address)

Please outline your concerns, or reason for today's eye examination

What made you chose For Eyes Optometrist

Referral from health professional, family/friends, internet/website search, location. Please detail above

Occupation

Work Phone/Email (if applicable)

When/where did you have your last eye examination/test?

Visual Background

Do you regularly work on a computer?	Yes	No
Do you wear more than one pair of spectacles?	Yes	No
Would you like thinner, lighter lenses in your spectacles?	Yes	No
Have you currently, or in the past, had prescription sunglasses?	Yes	No
Have you experienced problems with glare or reflections, especially at night?	Yes	No
Do you wear contact lenses?	Yes	No

Visual Indications

Please let us know if you have experienced any of the following (tick or cross the relevant box):

Itchy, dry eyes		Watery eyes		Gritty eyes	
Glare		Headaches		Flashes or floaters	
Reading difficulties		Double vision		Unhappy with spectacles	
Eyestrain		Blurry near vision		Blurry distance vision	
Fainting and dizziness		Sensitivity to light		Sudden change in vision	
Trouble seeing at night		Difficulty concentrating		Difficulty with reading comprehension	

Medical History

Please indicate if you currently have, or have had, any of the following:

Allergies	
Asthma	
Skin problems	
Eye diseases	
Eye injury	
Eye surgery	
Eye exercises	
Lazy eye or squint	
Cataracts	

Glaucoma	
Arthritis	
Cancer	
Diabetes	
Heart problems	
High blood pressure	
Kidney problems	
Nerve problems	
Other?	

Family Medical History

Blindness	
Cataracts	
Glaucoma	
Diabetes	
Heart problems	

Current Medications

Please detail any medications that you are currently taking:

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Other concerns

Please detail any concerns that you would like us to take into consideration when conducted your eye test:

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