



Confidential Patient Information Form

Practice Location

Bondi Junction Miranda

CONTACT DETAILS

Name

Date of Birth

Address

Email

Home

Work

Mobile

Please enter at least one contact phone number

Occupation

Employer (Workcover)

Emergency Contact

Relationship

Contact Number

PRACTITIONER DETAILS

Regular Optometrist

Suburb

Regular GP

Suburb

Paediatrician (if applicable)

Suburb

FUND DETAILS

Medicare Number

Ref Number

Expiry Date

If patient is 9 years or younger please provide parent / guardian's Medicare details for rebate purposes:

Medicare Number

Ref Number

Expiry Date

Pension Number

DVA Number

Card Colour

Name of Health Fund

Fund Number

PLEASE ANSWER:

I give permission for appointment details to be emailed or texted to the mobile number shown above

Yes No

I give permission for estimates and/or invoices to me emailed to the above email address

Yes No

I am aware of my right to access the information collected about me, except in circumstances where access might be legitimately withheld.

Yes No

I understand that if my personally identifiable information is to be used for any purpose other than set out above, my further consent will be obtained

Yes No

If any changes are made to the consent form at any time I will be made aware of the same and asked to sign a revised consent form.

Yes No

MEDICATIONS

Are you allergic to any medications?

If yes, please specify:

Yes No

Are you taking any medications?

If yes, please specify:

Yes No

Are you taking any blood thinning medications?

If yes, please specify:

Yes No

HEALTH HISTORY

Do you suffer from any of the following?

Asthma Diabetes High blood pressure Auto immune condition

Any other health conditions?

No

Are you a smoker?

Yes No

Are you pregnant?

Yes No

Have you had any previous eye conditions or surgeries?

Yes No

Please specify:

Do you have a family history of any eye conditions?

Yes No

FAMILY HEALTH HISTORY

Do you have a family history of any major health issues?

Yes No

Collection of Personal Information, HRIP Act 2002 (NSW) and Privacy Act 1988 (Cth)

We acknowledge our obligations under **The Health Records and Information Privacy HRIP Act 2002 (NSW)** and **The Privacy Act 1988 (Cth)**. These Acts regulate the way in which we collect, hold, use and disclose your information.

We are committed to maintaining your personal health information as your medical record is a confidential document. It is the policy of this practice to maintain confidentiality at all times and maintain the security of your personal health information at all times and to ensure that this information is only available to authorized members of staff or other health professionals as considered necessary in the context of your treatment.

If you would like to read more about our Privacy Policy or the HRIP Act 2002 (NSW) or The Privacy Act 1988 please ask our reception staff.

Patient's Signature

DATE: