

Medical History

Please list any significant relevant health problems or previous operations:

Please list all medications (tablets, eye drops, injections):

Are you allergic to any tablets or medications?

Yes / No

Please list: _____

Are you asthmatic?

Yes / No

Are you diabetic?

Yes / No

Are you pregnant?

Yes / No

Do you have any family history of eye disease?

Yes / No

Please provide details:

Fees

The following list is a guide to the consultation fees charged by the specialists at this practice and these may vary according to your individual circumstances.

Initial consultation fee	\$175
Initial consultation fee (Pensioner)	\$160
Initial consultation fee (Complex/Second opinion)	\$250
Initial consultation fee (Child)	\$235
Review consultation fee	\$ 98
Review consultation fee (Pensioner)	\$ 80
Failure to attend appointment – without notifying us	\$ 50
Prescription fee for mailed prescriptions	\$ 5

Discounts may apply to other services for patients who hold a current Commonwealth Pension Card or at discretion of the Doctor.

We appreciate all accounts being paid on the day of consultation. In the unlikely event than an account is referred to a collection agency or solicitor, we will add all legal costs and commission to the amount due.

As a part of your appointment our ophthalmologists will often need to carry out diagnostic testing while you are in our rooms. They may also be in a position to offer immediate treatment when this is of benefit to you. Please note that fees will be charged for the additional services and we will endeavour to inform you of these. You should be aware, however, that a combination of tests and treatments may be necessary and the fees payable may vary as a result.

If surgery is proposed this will be discussed in detail with you and a full estimate of costs will be provided for you prior to a decision to proceed.

Privacy Statement:

This medical practice collects information from you for the primary purpose of providing quality healthcare. We ask you to provide us with your personal details and a full medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs. We may use the information you provide for administrative purposes in running our medical practice, including billing and compliance with Medicare and Health Insurance Commission requirements. Information may be sent to other practitioners involved in your care. Confidentiality will always be maintained if any information related to your care is used for research or quality assurance purposes.

I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure that I have advised.

Signed: _____ Dated: _____

(Please print name)