

Welcome to Our Practice



CHILD


Personal Details


Child's Full Name	Male []	Female []
Parent/Guardian's Name	Male []	Female []
Address	Postcode	
Parent/Guardian's Email	Child's Date of Birth / /	
Parent/Guardian's Mobile		
Child's Medicare Number	Ref Number	Expiry Date / /
Is your child covered by Private Health Insurance for Optical Extras?	Yes []	No []
Private Health Fund Provider		
What is the main reason for your visit today?		


Lifestyle Details

It is important to understand how your child lives their life in order to provide them with a tailored eyewear solution to suit their needs and lifestyle.

 **Glasses**
Does your child currently wear glasses? Yes []...No []
If Yes,
How old is their current pair?

 **Contact Lenses**
Does your child currently wear contact lenses? Yes []...No []
If Yes,
Are their eyes comfortable at the end of the day? Yes []...No []
If No,
Are they interested in trialling contact lenses? Yes []...No []


 **Outdoors and Protection**
Does your child spend a lot of time outdoors? Yes []...No []
Does your child have a problem with glare? Yes []...No []

 **Computers and Screen Devices**
How long does your child spend per day on computers or other screen based devices? Less than 2 hours [] More than 2 hours []
Does your child 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:

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 child's medical health and family history.


 Conditions	Your Child's History	Family History
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 []
Retinal Disease	Yes []	Yes []
Stroke	Yes []	Yes []
Other		
.....		
.....		

How did you hear about us?

 Relative / Friend / Previous Patient	Yes []
Your GP	Yes []
Internet Search / Our Website	Yes []
Facebook / Social Media	Yes []
Print Advert	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 []
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 Today's Date	/	/
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If the Submit function is ineffective, please save this form as a PDF and email to us at admin@rjkoptometry.com.au

Thank you for entrusting us with your eyecare

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). You can access all the personal information that we hold about you. Please contact us if you would like to know more about how we handle personal information or to see or obtain a copy of our full privacy policy.
