GARDEN CITY
EYE CLINIC

DR MICHAEL STATHAM
MBBS (Hons 1) BAppSc (Optom) (Hons 1) FRANZCO
Monash Fellowship (Cataract Surgery & Medical Retina)

OPHTHALMOLOGIST

Welcome to Garden City Eye Clinic.

Please find below some information about your first visit as well as a short **Confidential New Patient Questionnaire**.

A valid referral is required to receive a Medicare benefit for the service. Referrals from General Practitioners and Optometrists are valid for 12 months and referrals from other Specialists are valid for 3 months.

We are a private billing practice and there will be a gap to pay for consultations and procedures. For consultations we ask that you please settle your account on the day. Credit card and EFTPOS facilities are available. We are happy to provide an estimate of your out-of-pocket expenses – please just ask.

You may receive drops at your appointment to dilate your pupils to examine your eyes. This may make your vision glary for up to 6 hours after your appointment. It is not recommended that you drive while your vision is affected.

Please complete the enclosed **Confidential New Patient Questionnaire** and bring this to your appointment. Alternatively, please bring a list of your medications and arrive 15 minutes early to complete the form in the rooms. You may also bring a Health Summary from your GP.

Please also bring your:

» Current glasses
» Medicare Card or Department of Veterans Affairs (DVA) Card
» Private Health Insurance details

Garden City Eye Clinic is located at Suite 18, Ground Floor, Building 3, St Andrew's Hospital, 280 North Street, Toowoomba. The St Andrew's Hospital map can be found at *http://www.sath.org.au/about-us/where-to-find-us*. Please drive in via Entrance 2 off North St and head to the circular patient drop-off zone beside Building 3. Our clinic is on this level and only a short distance away. Please note that this entrance is not the Main Hospital Entrance. Free parking is available in the hospital car park. There is full wheel chair access to the hospital and our clinic.

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CONFIDENTIAL NEW PATIENT QUESTIONNAIRE

Date of completion of this form _____

Name of patient (include preferred title please) _____

D.O.B. _____

Postal Address _____

_____

Home phone _____

Mobile phone _____

Contact email address _____

Name of person completing this form (if different from patient) _____

Next of Kin details for emergency contact

Name _____ Phone _____

Your General Practitioner _____

Your Optometrist _____

Medicare number _____

Card reference number _____ Expiry date _____

Private Health Insurance provider _____

Member number _____ Card reference number _____

Is eye surgery covered on your policy ☐ Yes ☐ No

Department of Veterans Affairs (DVA) member number _____

Card type ☐ Gold ☐ White ☐ Orange

Suite 18, St Andrew's Hospital, 280 North Street, Toowoomba Qld 4350
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Would you like us to discuss matters related to your health care with your relatives and friends if the need arises (privacy disclosure)? ☐ Yes ☐ No

Is there a legal arrangement in place in case you are unable to make your own decisions about medical treatment (e.g. Enduring Power of Attorney)? ☐ Yes ☐ No Please list names and contact numbers

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please list any significant medical conditions (including eye conditions) or attach list. Please include any eye diseases that run in the family _____

Please list your current medications or attach list. Include eye drops, anticoagulants or blood thinners, any prostate related medicines ever taken (e.g. Flomax or Minipress), puffers and natural health supplements

Please list any allergies and the nature of the reaction (include medicines, natural substances and latex)

Females only: Are you or could you be pregnant? _____ Are you breastfeeding? _____

Do you smoke (how much per day and for how long)? _____

Have you or any relative ever had a complication related to an anaesthetic (please give details)?

What is your occupation? _____

Do you drive a car or other vehicle? _____

Do you suffer from claustrophobia? _____

Can you lie flat on one pillow without becoming too short of breath? _____

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