



Name

Date of birth

Address

1. Any eye or vision concerns

2. Date and place of last eye exam

3. Medicare number

Reference no.

4. Description and date of any specific brain injury event

5. GP details (name , address , contact number)

5. Other medical carer name and address details (eg neurologist, speech or occupational therapist, psychologist)

5. Current Medications

6. Other brief Health history

7. Family history of general or eye disease

8. Do you experience(please circle)

Vertigo/dizziness

Motion or pattern sensitivity

Light or noise sensitivity

Difficulty with balance/ stairs/ escalators

Double or ghosting vision

Migraines



8. Contact details (if applicable please add CARER details)

Mob.....

Email.....

Cost will be approx. \$120 - \$180 for a 1 hour extensive appointment with a part medicare rebate.

Health fund rebates can be submitted privately with your receipt.

Parking is next door in the carpark to the left of the building with a gate code **3588# for entry. Our allocated spaces have signs and are the 3rd and 4th on the right after entry. Our premises are located in the front office building on the ground floor to the right of the front door.**

Could you please bring any current spectacles with you as well as hospital discharge or brief medical reports to your appointment. It is also necessary to supply your medicare card and/or case manager details.

Please complete this form and bring with it you on the day or email to contact@eyesensevision.com.au