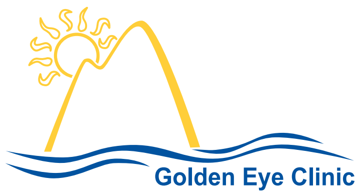

Dr. Andrew Foster | EYE SURGEON & PHYSICIAN
B.Sc., B.M. B.S., F.R.A.N.Z.C.O.
GENERAL OPHTHALMOLOGY CATARACT AND GLAUCOMA SURGERY
Provider Number 206175JB

NEW PATIENT REGISTRATION & RELEASE OF INFORMATION AUTHORITY

Patient Details

Name: .... Date of Birth: ....

Address: ....

Phone Nos: Home: .... Mobile: ....

Emergency Contact: .... Emergency Contact Ph No: ....

Practitioners Details

Referring Practitioner: ....

Your G.P. (if different to above): ....

Medical History

Allergies: ....

Past/Present Medical Problems (Please tick ✓):

- ❑ Diabetes
- ❑ Hypertension
- ❑ Hepatitis
- ❑ Heart Disease
- ❑ Asthma
- ❑ Other (Please specify): ....

Past/Present Eye Problems (Please tick ✓):

- ❑ Glaucoma
- ❑ Eye Injury
- ❑ Cataract
- ❑ Squint Surgery
- ❑ Other Eye Surgery (Please specify): ....

Current Medications: ....

....

Current Eye Drops: ....

I consent to the use of my personal health information by the Golden Eye Clinic and the disclosure of my personal health information to other health professionals to assist with my continuing care.

Signature .... **Date** ....