



Dr. Michael J Karpa

Comprehensive Ophthalmologist
Laser, Cataract, Glaucoma and Oculoplastic Surgery
Macular Degeneration, Diabetic Retina and Botox Treatment
Provider No. 5683412A

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

Aboriginal / Torres Strait Islander

Referring Practitioner:

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

Medical History

Allergies:

Past/Present Medical Problems (Please tick ✓):

- | | |
|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Hepatitis | |
| <input type="checkbox"/> Other (Please specify): | |

Past/Present Eye Problems (Please tick ✓):

- | | |
|--|---|
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Cataract |
| <input type="checkbox"/> Eye Injury | <input type="checkbox"/> Squint Surgery |
| <input type="checkbox"/> 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**