

NEW PATIENT INFORMATION HANDOUT

Our Penrith rooms are located at 295 High Street (Evans Street Entrance) Penrith, NSW 2750 (opposite officeworks)

We have plenty of convenient street parking near us and the closest car park site is a 9 hour car park located on Doonmore Street. If you require disabled parking for wheelchair access, please call in advance and a disabled space can be reserved. Bus 786 and 780 from Penrith station stops at the court house on Henry street, is the closest bus stop to our rooms. We are a 15min walk from Penrith Station and Penrith Westfield. Please park responsibly.

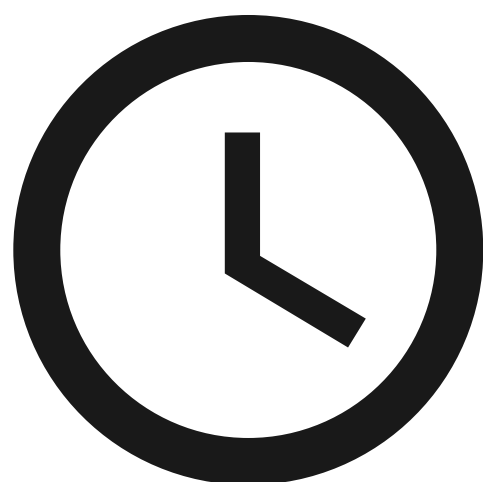


Scan to find us

PREPARATION

What to bring to your appointment:

- Current Referral
- Medicare Card and any Centrelink pension or healthcare card
- List of Medication
- Any glasses for driving and/or reading



You should allow 2-3 hours for your appointment

We accept EFTPOS, VISA, MasterCard, Cash or cheque. Payments are made after consultation with doctor

CHECKING IN AND SCREENING

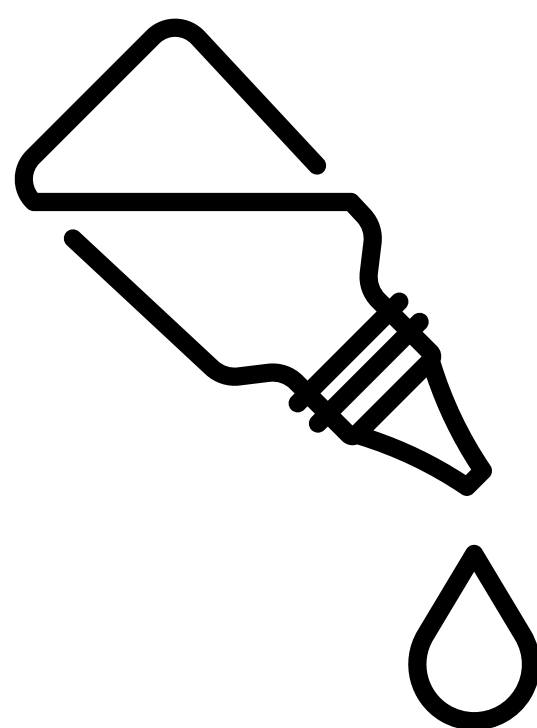
When you arrive at the clinic, please have your documents and cards ready for reception to scan into the system.

You will then take a seat and an orthoptist will call you in for screening. This is where your vision and medical history will be checked and you will be prepared for your consultation with the doctor

Any scans or tests that will help with diagnosis will be done after this. You will be quoted for any extra tests

DILATION

You might be dilated, which will temporarily blur your vision



This will last a few hours so we recommend bringing a hat and sunglasses

We do not recommend driving after dilation, please arrange for someone to accompany you on the day

IMAGING AND FURTHER TESTS

Additional images which can aide in diagnosis of eye conditions may include:

- OCT
- Visual Field
- Retinal Photos
- Cataract Measurement
- Corneal Topography

DOCTOR CONSULTATION

After all testing is done, you will be greeted by the doctor and your consult will begin.

After this is done, you will be asked to come back to reception to finalize payment and book future appointments

Please fill out before coming to your first visit

Thank you for making an appointment with us, this information will help our staff process your visit faster

First Name: _____ Last Name: _____

Date of Birth: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Email: _____ Phone: _____

Medicare Number:

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Reference Number:

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 Expiry Date:

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Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Referring Clinician Details

Name: _____

Practice Name: _____

Phone Number: _____

Private Health Insurance details

Insurer: _____

Policy Number: _____

Do you have your referral with you today? YES / NO

Do you have your medicare, pension and/or DVA card with you today? YES / NO

Reason for visit today: _____

Previous Eye Surgeries: YES / NO

Details:

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Current Medications and Allergies

Details:

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Current health conditions (e.g. blood pressure, cholesterol, diabetes etc.)

Details:

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