

# NEW PATIENT INFORMATION HANDOUT

Our Castle Hill rooms are located in The Barwell Centre - Suite 19/7-9 Barwell Ave, Castle Hill, 2154

Onsite parking is available including disabled parking. Please note: that there is no right turn from Showground Rd into Barwell Ave. We are a 10 minute walk from the Castle Hill Metro station. Bus 600, 603, 610X, 612X and 619 stop at the Old Northern Road after Cecil Avenue, which is a 5minute walk to our rooms



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

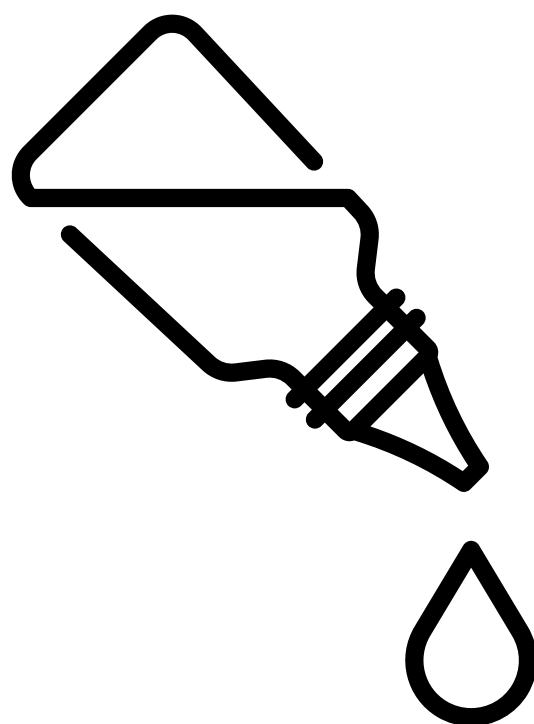
When you arrive at the clinic, please have your documents and cards ready for reception to scan into the system.

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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