

# Welcome to Our Practice

*For faster service, please complete the following form prior to arriving at our practice.*

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender? Male:  Female:

Was your last eyecare appointment with us? Yes:  No:

Do you wear? Spectacles:  Contact Lenses:

What type of spectacles? Single:  Bifocal:  Varifocal:

Do you have any known eye health problems? Yes:  No:

Please add any additional information you feel may be of use:

\_\_\_\_\_  
\_\_\_\_\_

How did you find out about our practice? \_\_\_\_\_

I authorise the release of any medical information necessary to provide the most beneficial and complete visual examination. I understand that I am financially responsible for all charges whether or not paid by NHS. Payment is due at the time services are rendered.

Signature \_\_\_\_\_

Date \_\_\_\_\_