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reception@eyehub.net.au
Unit 1, 23 Elsa Wilson Drive,
Buderim QLD 4556



Dr. Sonia Moorthy
Adult & Paediatric
Ophthalmic Surgeon
www.eyehub.net.au

Patient Registration & Release of Information Consent

Patient Details:

Title: Surname: First Name:

Preferred Name: Date of Birth:

Address:

Home Phone: Mobile Phone:

Email:

Emergency Contact: Emergency Contact Ph No:

Medicare Number: Ref: Expiry:

Health Fund Name:

Membership Number: Ref: Expiry:

Pension Number: DVA (Gold only):

Practitioner Details:

Referring Practitioner:

Your G.P (if different to above):

Medical History:

Allergies:

Current Medications:

.....

Past/Present Medical Conditions:

- | | |
|---------------------------------------|--|
| <input type="radio"/> Diabetes | <input type="radio"/> Hypertension |
| <input type="radio"/> Thyroid Disease | <input type="radio"/> Hepatitis |
| <input type="radio"/> Heart Disease | <input type="radio"/> Migraines |
| <input type="radio"/> Asthma | <input type="radio"/> Stroke or Heart Attack |

Other (please specify):

.....

Please turn over and continue filling in your information ➡

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Past/Present Eye Conditions:

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

Other Eye Surgery/Conditions:

Current Eye Drops:

Consent (please tick):

- ☐ I consent to the use of my personal health information by EyeHub and the disclosure of my personal health information to other health professionals to assist with my continuing care.
- ☐ I consent to EyeHub using my personal information to submit claims to Medicare on my behalf.

Signature:

Date: