



PRACTITIONER REGISTRATION FORM

To refer to Centre for Eye Health, you must first register. Registration is **free** and simply involves completing the following details, reviewing our terms and conditions and returning the signed form. Once registered, you will be sent a referrer information pack. *NOTE: If you are already registered with CFEH and wish to change your details, please complete the Practitioner Change of Details form.*

REFERRER DETAILS

Title: _____ **Profession:** _____
First Name: _____ **Last Name:** _____
Mobile: _____ **Email:** _____

For Optometrists: I am therapeutically qualified I am not therapeutically qualified

PRIMARY PRACTICE DETAILS

Note: Locums do not need to complete.

Practice Name: _____
Practice Mailing Address: _____
Suburb: _____ Postcode: _____ State: _____
Phone: _____ **Practice Street Address (if different):** _____
Suburb: _____ Postcode: _____ State: _____
Medicare Provider Number: _____ **Email:** _____

SECONDARY PRACTICE DETAILS

Note: Locums do not need to complete.

Practice Name: _____
Practice Mailing Address: _____
Suburb: _____ Postcode: _____ State: _____
Phone: _____ **Practice Street Address (if different):** _____
Suburb: _____ Postcode: _____ State: _____
Medicare Provider Number: _____ **Email:** _____

FAX TO 02 8115 0799

AGREEMENT

I acknowledge that in registering to be a referrer with Centre for Eye Health I will abide by the **Terms and Conditions**. I understand that I may be contacted by the Centre via email and phone with regards to patient and referrer-related services.

Signature: _____ Date: / /

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INFORMATION STATEMENT AND CONSENT FORM FOR CFEH RESEARCH AND CLINICAL EFFICIENCY REVIEW

In addition to providing advanced eye imaging and assessment services, the Centre for Eye Health (CFEH) is committed to using information from our clients and referrers to perform research and a stringent clinical efficiency review. This will enable us to streamline and improve referral and management processes as well as inform funding agencies which support CFEH.

Before we can report information provided by you to third parties, we need your permission. If you give us your permission, we may use information from your referral and referral-related forms. Information that can be identified with you or your patient will remain confidential and only be disclosed if required by law. Giving permission is voluntary and you may withdraw your permission at any time.

Findings will be communicated via the CFEH website, funding agencies, conference presentations and peer reviewed scientific publications. Information will be presented so that you and the referred patient cannot be identified.

Complaints

Ethics Secretariat, UNSW Sydney
9385 4234
ethics.sec@unsw.edu.au

Questions

Michael Yapp, Head of Clinical
Operations and Teaching, CFEH
8115 0700
enquiries@cfeh.com.au

Declaration by of consent

I have read and understand the information outlined above. I freely give CFEH permission to use the information that I provide on referral and referral-related forms for review and research purposes and understand I am free to withdraw at any time.

Referrer Signature: _____

Referrer Name: _____

Date: _____

*Centre for Eye Health is an initiative of the University of NSW and Guide Dogs NSW/ACT.
CFEH is funded by Guide Dogs NSW/ACT to support us please donate.*

