

Torrington Eyecare - Medical History Questionnaire

Name _____ Social Security # _____
Address _____ City _____ St _____ Zip _____
Home Phone _____ Work Phone _____ Cell _____
Date of Birth _____ Age _____ Hobbies _____
Employer _____ Occupation _____
Referred by _____ Primary Care Physician _____
Names of Children _____ Last Eye Doctor _____
Email _____ (Help us go green! Your info will not be shared)

Insurance Information

Insurance _____ Name of Insured: _____
ID # _____ Group # _____ DOB _____
Social Security # _____ Relation to Insured: _____
Additional Insurance _____

REVIEW OF SYSTEMS: Do you have any significant history or have you been treated for:

Fever, Weight loss:	YN	Heart problems	YN	Arthritis	YN
Sinus Congestion	YN	High Blood Pressure	YN	Muscle/Joint Pain	YN
Dry mouth, throat	YN	Emphysema	YN	Bleeding Problems	YN
Skin Cancer	YN	Ulcer	YN	Kidney Disease	YN
Other skin problems	YN	Bladder Problems	YN	Anxiety	YN
Allergies/Hay fever	YN	Intestinal Disease	YN	Depression	YN
Lupus, Sjogrens	YN	Migraines	YN	Insomnia	YN
Diabetes	YN	Seizures	YN	Cancer	YN
Thyroid Problems	YN	Cholesterol	YN		

List any Significant Surgery _____

LIST ALL _____

MEDICATIONS _____

KNOWN ALLERGIES _____

FAMILY HISTORY: Circle below any of diseases that your family members have or have had:

Glaucoma, Cataracts, Macular Degeneration, Blindness, Arthritis, Cancer, Diabetes, Heart Disease, High Blood Pressure, Stroke, Kidney Disease, Thyroid Disease.

SOCIAL HISTORY:

Education (high school and or college) _____ Do you smoke? Y N

Drink alcohol? Y N Pregnant/Nursing? Y N Do you Drive? Y N Have you ever had HIV/Hepatitis? Y N

Is there Vision trouble while driving? Y N Are you bothered by glare? Y N Do you use a computer? Y N

ARE YOU INTERESTED IN:

No line Bifocals? Y N Contact Lenses? Y N Thinner, lighter Glasses? Y N Laser Vision Correction? Y N

PLEASE CIRCLE ANY OF THE FOLLOWING WHICH APPLY TO YOUR EYES:

Burning	Mucous Discharge	Headaches	Eye Injury/Disease
Itching	Tearing/Watering	Floating Spots	Vision Therapy
Gritty feeling	Blurred Vision	Flashing Lights	Crossed/Lazy Eyes
Dryness	Eye Pain/Soreness	Double Vision	Glare/Sensitivity to Light

Our Privacy Policy is laminated on the wall. If you would like your own copy, please just ask.
I acknowledge that I was provided a copy of Dr. Sirignano's Privacy Practice.

PATIENT SIGNATURE: _____ Date: _____

Torrington Eyecare
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OFFICE POLICIES-2011

The staff at Torrington Eyecare appreciates your continuing support and thanks you. We would like to inform you of a few office policies that may have changed since your last visit.

Financial:

Insurance regulations mandate that we charge for all office visits that require you to see one of our physicians. They also mandate that co-pays are paid at the time of service. Contact lens patients are charged contact lens fitting fees every year (in addition to regular co-pays). These fees cover the additional time and supplies required to fit and maintain a healthy corneal-contact lens relationship (contact lenses are a medical device). Please be aware that due to the unique and custom nature of eyewear, we require at least a 50% deposit before contacts or glasses can be ordered. The remainder is due at time of pick up. Unfortunately we can not offer layaway.

Eyeglass Repair/Warranty:

We will take every precaution possible to ensure careful handling when repairing or adjusting your glasses, however, we cannot be liable for breakages to a patient's own frame or lenses if they are outside of warranty. All repairs, re-dyes or re-edges are done at the customer's risk. Designer frames and lenses are warranted against manufacturer's defect for 1 year from the date of ORDER. Frames that are missing temples, sat on, lost, chewed, etc. are not covered under this warranty. Frame and lens packages from our budget line (Nutmeg or Capri) are sold as is with no expressed or implied warranty.

Outside Prescriptions:

Torrington Eye Care would be most happy to fill your prescription from an outside eye doctor, however in rare circumstances, potential complications have arisen. In these instances, we cannot be held responsible for any disappointments due to complications, prescription non-adapts, or prescription errors.

Returns/Refunds:

Contact lens boxes that have been opened or have writing on them are not eligible for return or exchange. Should a patient prefer to choose a contact prescription that differs from the doctor's recommendation, we also can not offer returns or exchanges. As glasses are custom made for your unique prescription and dimensions, please understand that we are unable to offer exchanges or returns on any frames or lenses. In the event that you are unhappy with a new prescription from one of our doctors and that doctor determines you may be better suited with a different prescription, lenses will be remade one time at no charge.

I have read and understand the office policies of Torrington Eyecare:

Print Name: _____ Sign: _____ Date: _____