

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 Office Policies Rev 1/14

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/payments are paid at the time of service. All patients must be aware of their insurance benefits and coverage at the time of their scheduled appointment and inform us accordingly. All insurance cards must be given for exams, glasses, or contacts. We cannot back date authorizations for exams, eye glasses or contacts. Once you've purchased glasses/contacts we cannot submit to your insurance unless we were made aware of your insurance prior to placing the order. You can, of course, submit your receipt to your insurance company for reimbursement. **Returned Check Fee is \$25.**

Contacts Lens Fitting:

Before you can be fit for contact lenses, a complete medical and refractive examination is necessary once a year. This exam is critical to assure the good health of your eyes and to rule out the possibility of any unsuspected or underlying condition which may prevent contact lens use. If it is determined you are a candidate for contacts, the complete eye exam will help us select the most appropriate lens material and design.

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). The cost of a contact lens fitting varies by the type of contact lens required.

For first time contact lens wearers: During your first insertion and removal training session we will provide personalized instruction in the safe care and usage of your new lenses in order to prevent infection and injury (contact lenses are a medical device). We offer hour long sessions to learn how to insert, remove, and care for your contact lenses. Our insertion and removal fee starts at \$125/hour. Although many patients need only one fitting session, some require several appointments depending on the observations of the contact lens fitter. No contact lenses will be sent home with any patient until they can demonstrate proper handling in the office. Full payment is expected at the time of a contact lens fitting. Most insurance companies do not cover contact lens fittings.

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 of a patient's own frame or lenses if they are outside of warranty. All repairs, re-dyes or re-edges are done at the patient'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), or closeout/clearance frames are sold as is with no expressed or implied warranty.

Outside Prescriptions:

Torrington Eyecare would be most happy to fill your prescription from an outside eye doctor, however, as our doctors did not determine your prescription, we cannot be held responsible for any disappointments due to prescription non-adapts or prescription errors.

Returns/Refunds:

Contact lens boxes that have been opened or have writing on them are not eligible for returns or exchange. Should a patient prefer to choose a contact prescription that differs from the doctor's recommendation, we cannot 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. All orders are placed electronically with our eyeglass supplier lab and submitted immediately to ensure fast turn around times. For this reason no orders can be canceled once they have been placed and refunds/returns will not be permitted for any reason. There are no exceptions to this rule. 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 additional charge.

Eyeglass/Contact Lens Dispensing:

All eyeglass and contact lens orders require a deposit of at least 50% at the time of order. Please be advised that before we can dispense your glasses, **all prior balances must be paid in full.**

Cancellation Policy:

Please note that as of January 1st, 2012 Torrington Eyecare has instituted a new cancellation/no show policy. All appointments that are canceled or rescheduled within 24 hours of your appointment will incur the following fees:

1st No Show/ Late Cancellation-\$35.00

2nd No Show//Late Cancellation-\$40.00

3rd No Show/Late Cancellation-\$50 and dismissal from our practice

Please understand that this new policy is in place because insurance companies do not pay us for visits that are missed. The doctor's appointment times are booked and scheduled accordingly in an attempt to stay on schedule. Patients that arrive late to their scheduled appointment may have to be rescheduled. This is done at the doctor's discretion. A late cancellation fee will be charged should the patient need to be rescheduled due to late arrival.

Insurance:

As a courtesy we will submit claims to insurance companies with which we have a contract, however, it is the sole responsibility of the insured member to know the type of insurance, coverage, and any applicable copays or deductibles. If you have a disagreement with your insurance company, you may submit your claim for reimbursement through them-remember, your insurance company is responsible to you, not us. Do not hesitate to contact them if you disagree with their payment or to find out the status of your claim.

By signing this office policy I understand: I am responsible for all charges not covered by my insurance. Eye exams often result in medical findings and my medical insurance will be billed for additional procedures if required. I understand I am ultimately responsible for any balance not paid by my medical insurance.

Collections:

Once your account reaches 90 days past due it will be turned over to an outside collection agency for payment. It is the policy of this office that when your account is placed in collections we can no longer see you as a patient until all balances owed are paid. All collection/attorney fees will be your responsibility.

Minors:

Torrington Eyecare values your children's safety and requires that any patients under the age of 18 be accompanied by an adult at all times during their visit to our office.

Refractions:

A "refraction" is a procedure necessary for our physicians to evaluate your vision and/or write you a prescription for glasses. Unfortunately, not all insurance plans cover this service and **Medicare specifically excludes refractions as a covered benefit.** The cost is \$30.00. This payment is due at the time of service for all patients who do not have a specific vision rider that covers routine refractions.

Records:

All records released require a signed release and are subject to a fee of \$0.45 cents per page.

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

Sign: _____ Print Name: _____ Date: _____