MEDICAL HISTORY QUESTIONNAIRE

Full Legal Name: _____ Sex: ☐ M ☐ F Date of Birth: _____ Date: _____

If this is your first visit, please complete:

How did you hear about us? ☐ Doctor ☐ Friend ☐ Family Member ☐ Internet ☐ Other: _____

Date of last eye exam: _____ Where was this done (doctor/clinic)? _____

Primary Care Doctor: _____

Pharmacy: _____

Are you currently taking: ☐ Flomax ☐ Coumadin ☐ Plavix ☐ Aspirin ☐ Rapaflo
☐ Uroxatral ☐ Minipress ☐ Cardura ☐ Hytrin ☐ Avodart

Current Medications (prescription, over the counter, vitamins, homeopathic):

_____

_____

Allergies to medications: _____

Have you ever had any of the following eye procedures: ☐ LASIK ☐ PRK ☐ RK ☐ AK

List **all current & previous** illnesses, injuries, surgeries:

_____

_____

Please check any of the following conditions that you suffer from or are being treated for:

General:	☐ fever	☐ fatigue	☐ cancer	
Ears, Nose, Throat:	☐ earache	☐ nasal congestion	☐ pain	
Cardiovascular:	☐ chest pain	☐ high blood pressure	☐ irregular/ rapid heartbeat	
Respiratory:	☐ asthma	☐ emphysema	☐ shortness of breath	
Gastrointestinal:	☐ reflux	☐ diarrhea	☐ vomiting	
Genitourinary:	☐ trouble urinating	☐ discharge	☐ ulcer	
Integumentary:	☐ skin cancer	☐ acne	☐ rosacea	☐ eczema
Musculoskeletal:	☐ arthritis	☐ gout	☐ joint pain	☐ muscle pain
Neurological:	☐ numbness	☐ memory loss	☐ dizziness	☐ stroke
Psychiatric:	☐ anxiety	☐ depression		
Endocrine:	☐ diabetes	☐ hypothyroidism	☐ Grave's disease	
Hematologic:	☐ high cholesterol	☐ anemia	☐ bleeding disorder	
Immunologic:	☐ allergies	☐ immune disorder		

Do any of your blood relatives have the following conditions:

Blindness:	☐ No	☐ Yes	If yes:	☐ Father	☐ Mother	☐ Sibling	☐ Grandparent
Glaucoma:	☐ No	☐ Yes	If yes:	☐ Father	☐ Mother	☐ Sibling	☐ Grandparent
Macular Degeneration:	☐ No	☐ Yes	If yes:	☐ Father	☐ Mother	☐ Sibling	☐ Grandparent
Diabetes:	☐ No	☐ Yes	If yes:	☐ Father	☐ Mother	☐ Sibling	☐ Grandparent
Retinal Detachment:	☐ No	☐ Yes	If yes:	☐ Father	☐ Mother	☐ Sibling	☐ Grandparent

Social History:

Do you currently drive?	☐ No	☐ Yes		
Do you currently smoke?	☐ No	☐ Yes	How much?	
Have you ever smoked?	☐ No	☐ Yes	When did you quit?	
Are you pregnant?	☐ No	☐ Yes	Expected Due Date?	
Are you nursing?	☐ No	☐ Yes		
Are you working?	☐ No	☐ Yes	☐ Retired	Occupation:
Do you drink?	☐ No	☐ Yes		

EYE SPECIALISTS of ROCKFORD
The Eye Care Physicians at Malik Eye Institute

INFORMATION REGARDING DILATING EYE DROPS

Dilating drops are used to dilate or enlarge the pupils of the eye to allow the physician to get a better view of the inside of your eye.

Dilating drops frequently blur vision for a length of time which varies from person to person and may make bright lights bothersome. It is not possible for your ophthalmologist to predict how much your vision will be affected. Because driving may be difficult immediately after an examination, it's best if you make arrangements not to drive yourself. Sunglasses will be provided for you if you do not have any with you.

Adverse reaction, such as acute angle-closure glaucoma, may be triggered from the dilating drops. This is extremely rare and treatable with immediate medical attention.

I hereby authorize the physicians of Eye Specialists of Rockford, and/or such assistants as may be designated by the physician to administer dilating eye drops. The eye drops are necessary to diagnose my condition.

INFORMATION REGARDING REFRACTION

Refractions: A refraction is a diagnostic test used to measure the amount of prescription needed to correct one's vison. Glasses or contact lenses may be prescribed from this measurement, but in some medical cases this information is simply used for assessment and treatment. Unfortunately, this measurement is not covered by most insurance companies.

You will be asked to pay the $40.00 refraction fee at the time of service. The fee for refraction must be collected in addition to any co-payment, or deductible amounts your plan requires.

_____ _____

Patient (or person authorized to sign for patient) Date

_____ _____

Witness Date

EYE SPECIALISTS of ROCKFORD
The Eye Care Physicians at Malik Eye Institute
www.eyesofrockford.com

3865 N. Mulford Road
Rockford, IL 61114
Phone: 815.399.2190
Fax: 815.399.5543

Notice of Privacy Practices.
Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.
Please review it carefully. Effective Date September 23, 2013.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us by phone at 815-399-2190 or by mail at 3865 N Mulford Road, Rockford IL 61114.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.
Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.