

INSURANCE INFORMATION

Please attach a copy of/ or bring insurance card(s), authorization forms and picture I.D.

MEDICARE EFFECTIVE
NUMBER: _____ A only _____ B only _____ A&B _____ DATE: _____

PRIMARY CARE PROVIDER: _____ TPL NUMBER: _____

IDPA CASE #: _____ IDPA RIN ID: _____

PRIMARY INSURANCE: _____ TEL#: _____

CLAIM FILING ADDRESS: _____ CITY, STATE, ZIP: _____

POLICY#: _____ GROUP#: _____ EFF. DATE: _____

HOLDER NAME: _____ SS#: _____ CO-PAY: \$ _____

EMPLOYER NAME: _____ TEL. #: _____

RELATIONSHIP TO PATIENT _____ NOTATIONS:

SECONDARY INSURANCE: _____ TEL. #: _____

CLAIM FILING ADDRESS: _____ CITY, STATE, ZIP: _____

POLICY#: _____ GROUP#: _____ EFF. DATE: _____

HOLDER NAME: _____ SS#: _____ CO-PAY: \$ _____

EMPLOYER NAME: _____ TEL. #: _____

RELATIONSHIP TO PATIENT _____ NOTATIONS:

I have read and understand the payment and billing policies given to me. I understand that I am financially responsible for charges not paid by my medical insurance. I authorize any holder of medical information about me to release to any responsible health carrier and/or the Social Security Administration or its intermediaries, any information for this or any related medical claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits either to myself or the Dept. of Oto-HNS for bills or services furnished to me during the period _____ to _____

Print Patient Name/Legal Guardian: _____

Signature of Patient/Legal Guardian: _____

Date: _____

UNIVERSITY OF ILLINOIS
DEPARTMENT OF OTOLARYNGOLOGY-HEAD & NECK SURGERY
PATIENT MEDICAL HISTORY & PHYSICAL FORM

Patient Name: _____ Birthdate: _____ Age: _____

Sex: _____ Height: _____ Weight: _____ lbs. Occupation: _____

Chief Complaint:

Reason for Today's Visit: _____

Any recent tests done for above problem(s)? Please List: _____

Past History:

Please list any prior major illnesses and/or injuries: _____

Surgeries/ Hospitalization	Year	Complications:

Have you had previous plastic surgery? _____ What type? _____

Were you satisfied with the results? _____ How long have you considered having plastic surgery? _____

Have you ever had problems with anesthesia? YES NO

If yes, what were the complications? _____

Current Medication(s) including Aspirin, Diet Pills, and Herbal Supplements	Dose	Frequency

ALLERGIES/REACTIONS TO MEDICATIONS, ANESTHETICS OR MATERIALS:

Family History:

Do you have a family history of trouble with anesthesia? YES NO

Do you have a family history of easy bleeding? YES NO

Social History:

Do you smoke? Yes, I've smoked _____ packs of cigarettes per day for _____ years.

No, I have never smoked No, I quit _____ years ago. I smoked _____ packs of cigarettes per day for _____ years.

Do you chew tobacco? Yes, I have chewed tobacco for _____ years. How much do you chew? _____

No, I have never chewed tobacco. No, I quit _____ years ago. I chewed _____ per day for _____ years.

Do you drink alcohol? No, never (or rarely) No, but I used to

Yes Daily One or more times a week One or more times a month

Review of Systems

Are you currently, or have you had, problems with:

Constitutional

Weight Gain Yes No
Weight Loss Yes No
Night Sweats Yes No
Insomnia Yes No

Circle One

Neurological

Numbness Yes No
Dizziness Yes No
Stroke Yes No
Headaches Yes No

Circle one

Eyes

Double Vision Yes No
Visual Loss Yes No

Psychiatric

Depression Yes No

Ear, Nose, Throat and Mouth

Hearing loss Yes No
Noise/ringing in ears Yes No
Drainage from the ear Yes No
Right side ___ Left Side ___ Both ___
Vertigo, Imbalance or dizziness Yes No
Fullness or pressure in ear Yes No
Right side ___ Left Side ___ Both ___
Nasal Congestion Yes No
Nasal Drainage Yes No
Difficulty breathing through the nose Yes No
Nose bleeds Yes No
Frequent Sinus infections Yes No
Frequent sore throat Yes No
Trouble swallowing Yes No
Hoarseness Yes No
Choking or Coughing Yes No
Throat clearing or gagging Yes No
Frequent cough Yes No

Allergic/Immunologic

Sneezing Yes No
Itchy eyes/nose Yes No
Itchy throat Yes No
Skin rash Yes No
HIV/AIDS Yes No

Respiratory

Asthma Yes No
Cough up blood Yes No
TB Yes No
Pneumonia Yes No
Trouble breathing at night Yes No
Snoring Yes No

Gastrointestinal

Bladder trouble Yes No
Kidney disease Yes No
Arthritis Yes No

Cardiovascular

Chest pain or angina Yes No
Heart trouble Yes No
Heart murmur Yes No
High blood pressure Yes No

Endocrine

Diabetes Yes No
Thyroid disease Yes No

Hematologic

Bleeding disorders Yes No
Easy bleeding Yes No

The above information is as accurate to the best of my knowledge

Patient Signature

Date

I have reviewed the above information with the patient.

Physician Signature

Date

**F A C I A L
P L A S T I C
S U R G E R Y
C E N T E R**

60 East Delaware Place, Suite 1460
Chicago, Illinois 60611
(312) 255-8812
www.uicFacialPlasticSurgery.com

CTA Directions from O'Hare Airport

Walk a short distance East on Terminal 2- CTA Rail Walkway.
Take CTA Blue Line train (Forest Park).
Exit at Washington/ Dearborn CTA stop.
Transfer to CTA Bus #36 Broadway Northbound at Washington and Dearborn.
Exit at Delaware and State.
Walk 0.14 miles East on Delaware Pl.
Enter building; it will be labeled *900N Surgical Center*.
Take the elevator to the 14th floor and follow the hall to Suite 1460.

Total fare: **\$4.00**

CTA Directions from Midway Airport

Take CTA Orange Line train (Clockwise).
Exit at Roosevelt CTA stop.
Transfer to CTA Red Line train (To Howard).
Exit at Chicago (and State) CTA stop.
Walk East one block to Wabash.
At Wabash head North for 3 blocks to Delaware Pl.
On Delaware walk a half a block East.
Enter building; it will be labeled *900N Surgical Center*.
Take the elevator to the 14th floor and follow the hall to Suite 1460.

Total fare: **\$2.00**

Shuttle bus from Airports

To get information on shuttle buses from O'Hare or Midway you can call 1-888-284-3826 or check their website at www.airportexpress.com.
(They are a bit cheaper than a cab).

Downtown Chicago

- Subway rail lines and station
- Deviated rail lines, direction and station
- Purple Line Express: Weekday rush periods only
- Free train connections at station
- Walk between stations for free connection
- Accessible station
- Sheltered bicycle parking
- Street number
- Bus line with route number
- Part-time bus service only
- No stops along bus route
- Night Owl service only
- Metro connector rail
- Point of interest
- College or university

- For clarity . . .**
These routes are not shown:
- Rush period routes from Metro stations 31, 120, 121, 122, 123, 129 and 192 (see maps below).
 - Special and seasonal routes 15, 178, 190, 173 (see maps below, except 173).
 - CTA Night Owl variations N4, N2, N6, N66 (all buses leave from State/Washington).
 - Pace express buses 255, 835, and 855. Call 836-7000.

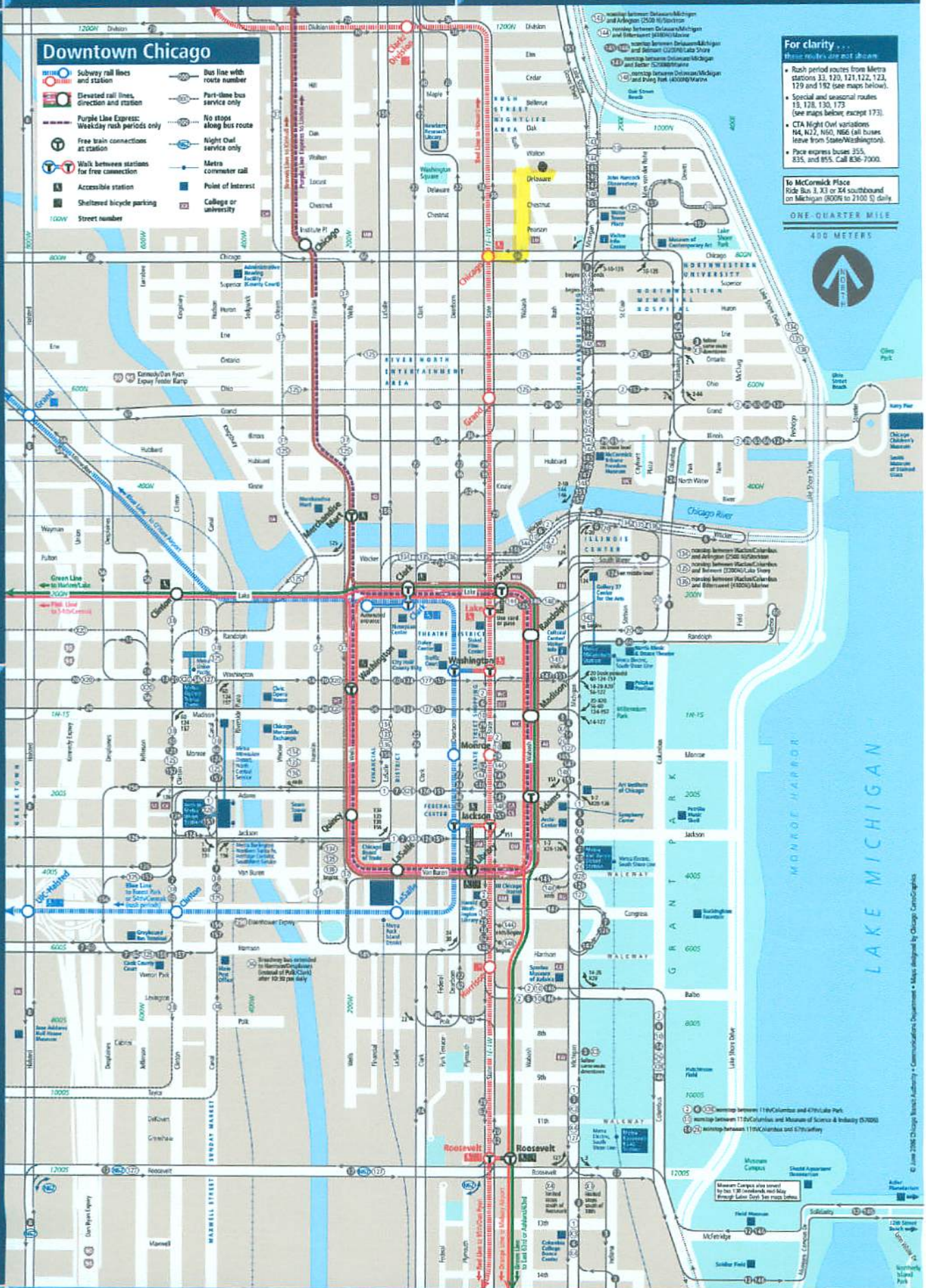
To McCormick Place
Ride Bus 3, X3 or X4 southbound on Michigan (800W to 2100 S) daily

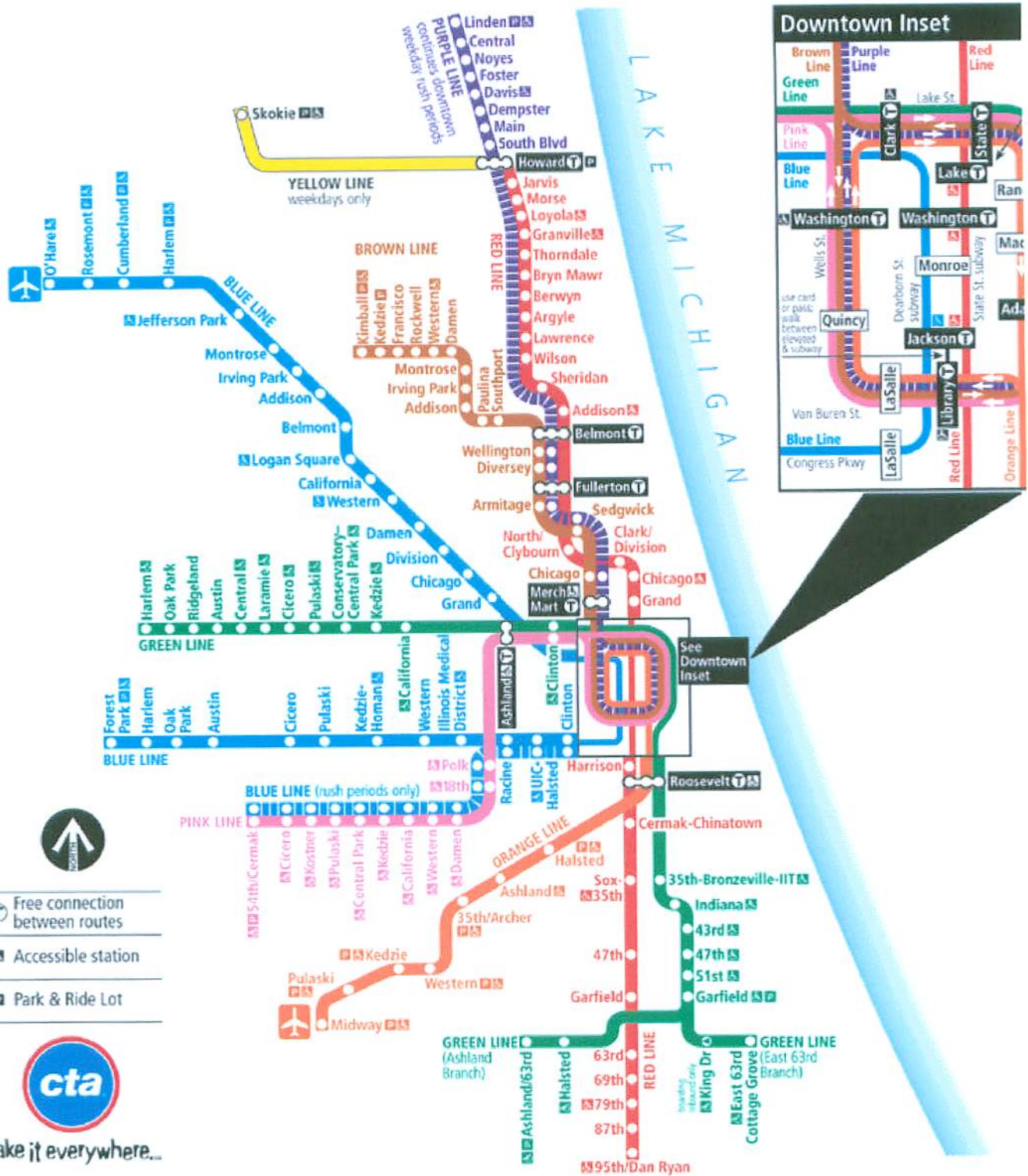
ONE-QUARTER MILE
400 METERS



Click here to view West Side map area

Click here to view Central/South Side map area





[Click here to view Bus Schedules](#)

**F A C I A L
P L A S T I C
S U R G E R Y
C E N T E R**

60 East Delaware Place, Suite 1460
Chicago, Illinois 60611
(312) 255-8812
www.uicFacialPlasticSurgery.com

HOTEL PHONE NUMBERS AND ADDRESSES

FOUR SEASONS	120 E DELAWARE PLACE	312-280-8800 FAX: 312-280-1748
WHITEHALL	105 E DELAWARE PLACE	312-944-6300 FAX: 312-573-6250
TALBOTT	20 E DELAWARE PLACE	312-943-0161 312-944-4970 FAX: 312-944-7241
SOFITEL	20 E CHESTNUT STREET	877-813-7700

Dr Toriumi and 900N Michigan Surgery Center have a corporate rate with the above hotels. Please mention that you are visiting or having surgery with the Dr or the surgery center when making your reservations.

HOMEWOOD SUITES – HILTON	40 EAST GRAND AVE.	312-644-2222 FAX: 312-644-7777
HYATT	625 S ASHLAND AVE At Harrison Close to UIC Hospital	312-941-1234 FAX: 312-529-6080
MARRIOTT	201 E WALTON PL. Ask for Jackie Must mention University of Illinois at Chicago	312-475-1924 FAX: 312-943-9814