



Date / /

Appointment Timeframe:

- Routine – first available
- Priority – 1-2 weeks
- Urgent – within 24 hours
- Emergency – same day

Patient Consultation Form

Patient Information

First Name: _____ MI: _____
 Last Name: _____
 Address: _____
 State: _____ Zip: _____
 Phone: _____
 Date of Birth: _____
 Email: _____

Patient Insurance Information

Primary Insurance: _____
 Member ID #: _____
 Group #: _____
 Secondary Insurance: _____
 Member ID #: _____
 Group #: _____
 Tertiary Insurance: _____
 Member ID #: _____
 Group #: _____

Referring Physician Information

Provider Name: _____
For routine exams for patients with HMO plans, a valid referral authorization from the patient's insurance provider should be faxed or emailed to our office at least two days prior to the appointment.
 Practice Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Fax: _____
Office Contact
 Name: _____
 Phone: _____
 Patient Diagnosis/Chief Complaint: _____

- Patients should bring these items to their appointment:
- * Insurance cards (medical & vision) * Photo ID
 - * Insurance Authorization (if applicable) * Medication List
 - * Name/Address/Phone Number of Family/Physicians
 - * Plan on being at the clinic for 2-3 hours

Reason For Referral

- Routine Vision Exam
- Medical Consultation

Specialty Services Requested (please check all that apply)

- Retina**
 - AMD
 - Diabetic Eye Disease
 - PVD/Retinal Tear
 - Retinal Detachment
 - Other _____
- Glaucoma**
 - Increased IOP Last IOP: OD ____ OS ____
 - Increased cup/disc
 - VF Changes Last VF Date: _____
 - Other _____

- Cataract**
 - Cataract Surgery Consult
 - PCO/YAG Consult
 - Co-management
 - Will the patient be co-managed with your office? (circle below)

If yes, please send clinical/referral information to Gailey Eye Clinic prior to patients' appointment.

Gailey Eye Clinic surgeons do not co-manage patients with any form of IDPA.

- Oculoplastics**
 - Ptosis
 - Eyelid Lumps/Bumps
 - Dermatochalasis
 - Blepharoplasty (Functional or Cosmetic)
 - Other _____

- Cornea**
 - Edema
 - Keratoconus
 - Pterygium
 - Other _____

- Diabetic**
- General**
 - Eye Infections
 - Eye Injury
 - DES/Tearing
 - Low Vision
 - Other _____

Please circle preferred Gailey Eye Clinic provider:

- Kenneth R. Barba, MD Joseph G. Harman, MD Gregory I. Halperin, MD Ara D. Aprahamian, MD Rehan M. Hussain, MD**
Sreeni Basa, MD

*Please fax clinical information along with this form

Your next appointment is with:

Bloomington Clinic

1008 N Main St.
Bloomington, IL 61701
Phone: 309-829-5311
Fax: 309-829-8397

Decatur Clinic

646 West Pershing Rd.
Decatur, IL 62526
Phone: 217-875-0300
Fax : 217-875-9525

Forsyth Clinic

322 W Marion Ave.
Forsyth, IL 62535
Phone: 217-872-7404
Fax: 217-872-7432

Retina Center

2501 E College Ave, Suite B
Bloomington, IL 61704
Phone: 309-829-5311
Fax: 309-661-0545

Peru Clinic

2121 Marquette Rd.
Peru, IL 61354
Phone: 815-224-1100
Fax: 815-224-1491

Ottawa Clinic

4100 Veterans Dr.
Ottawa, IL 61350
Phone: 815-434-4200
Fax: 815-434-2033

Peoria Clinic

8800 N. Orange Prairie Rd.
Peoria, IL 61615
Phone: 309-692-8460
Fax: 309-692-2938

Galesburg Clinic

834 N Seminary St, Suite 103
Galesburg, IL 61401
Phone: 309-343-6000
Fax: 309-296-0004

Gibson City Clinic

220 E First St.
Gibson City, IL 60936
Phone: 800-325-7706

Danville Clinic

47 E Liberty Lane
Danville, IL 61832
Phone: 217-446-3937
Fax: 217-442-8859

Springfield Clinic

1401 S Koke Mill Rd.
Springfield, IL 62711
Phone: 217-529-3937
Fax: 217-698-3937

Bloomington Eye Institute

1008 N Center St.
Bloomington, IL 61701
Phone: 309-827-2020
Fax: 309-828-4586

Gailey Eye Surgery- Decatur

646 W. Pershing Rd.
Decatur IL 62526
Phone: 217-875-2600
Fax: 217-875-2700



www.GaileyEyeClinic.com