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Director and Chair

Headache Consultation Information

CORNEA AND EXTERNAL DISEASE

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Steven Ching, MD
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Ronald Plotnik, MD

COMPREHENSIVE EYE CARE

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Rebecca Nally, OD
Jill Schafer, OD

CONTACT LENS FITTING

Rebecca Nally, OD
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GLAUCOMA

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NEURO-OPHTHALMOLOGY

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ORBIT AND ADULT MOTILITY

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PEDIATRIC OPHTHALMOLOGY

Matthew Gearinger, MD

RETINA VITREOUS

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CORNEA AND EXTERNAL DISEASE

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PEDIATRIC OPHTHALMOLOGY

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We are delighted to evaluate your headache condition. Please take a few moments to prepare for your consultation and complete the enclosed forms before your appointment.

History: You will be asked to describe your headaches in detail (see enclosed sheet). For example: Describe an episode (if they are episodic) from beginning to end, including warning signs; the location, character and severity of the pain; sensitivity to light, sound or odors; effect of movement or physical activity on the pain. Are there any other symptoms with the headache? Have you noticed any triggers (food, beverages, environmental, stress)? How do your headaches affect your life, even when you are not having one?

Family history: Does anyone else in your family have headaches? If so, whom? What type of headaches do/did they have? If they found a successful treatment, what was it?

Medications: Please fill out the enclosed medication sheet. Include everything you are taking, even herbals and over-the-counter medications. For "as needed" medications, indicate how much you are really using (per day, per week, or per month).

If you have taken medications for headache in the past, it would be helpful to bring a list of the medications you used, and indicate whether or not they were effective, and side effects experienced. If you do not have a list, the dispensing pharmacy can provide one.

Headache Calendar: If you keep a headache calendar, bring it with you. Otherwise, try to keep a calendar or diary prior to your visit.

Diagnostic Tests and Old Records: Bring imaging studies (films or CDs) and ask that relevant old records be sent to our office.

Paperwork: Please fill out the enclosed history form, medication list, review of systems form, and patient information sheet prior to your visit and bring them with you. Provide complete contact information for your primary care physician and any other physicians you would like a report sent to.

Cancellations: We maintain a cancellation list; if you have flexibility in your schedule, ask to be placed on it. We will call if something opens up. If you must cancel your appointment, 24-48 hours notice is appreciated so we can try to schedule someone else. We will not reschedule patients who fail to show up for their first appointment without advance notice.

Other: Arrive 15 minutes prior to your appointment time to complete the check-in process. You should anticipate spending 2-3 hours in the office during your initial visit. Please do not wear perfume. Co-payments are expected at the time of service.

A map and directions are on the back of this page. Free parking is available in the outdoor lot at 210 Crittenden Blvd., at the entrance of the Eye Institute. Alternatively, you may park (for a fee) in the hospital ramp garage (we are on the third floor of the hospital). We look forward to your visit and the opportunity to participate in your care.