



1610 Luther Lane || Park Ridge, IL 60068 || T 847.318.2303 || F 847.318.2377 || advocatehealth.com

Welcome back to the Advocate Medical Group Adult Down Syndrome Center!

We look forward to seeing you at your visit on _____ with:

_____ at _____

_____ at _____

_____ at _____

A medical history questionnaire is enclosed in this envelope. It will help us provide optimal care if you fill this out before your clinic visit and bring it to the appointment. All questions refer to the person with Down syndrome. If a question needs further clarification, leave it blank and it can be answered on the day of the visit. If there is any pertinent health history since your last visit, it would be helpful to us if you or your physician could send that to us before the appointment.

A familiar staff or family member must accompany each patient to assist in answering questions that arise during the visit. If there has been a change in legal guardianship, please bring a copy of the guardianship papers for our records. Current Medicaid, Medicare, or insurance information is needed at each visit as well as a photo ID and co-pay (if required by your insurance).

We look forward to seeing you again. If you have any questions, please call us at 847.318.2303, or visit our website at <https://www.advocatehealth.com/health-services/adult-down-syndrome-center/>.

Sincerely,

The Staff of the Adult Down Syndrome Center