

Guardian: _____ Date: 8/1/09
Name: _____
Address: _____
City, St: _____ Zip: _____
Phone(H): _____ (W): _____
Phone (C): _____ SS# _____
E-Mail: _____

Personal Medical History (do you have or have you ever had?..)

- Allergies, Arthritis, Anxiety/depression, Asthma, Cancer, Cataract, COPD/emphysema, Diabetes, Droopy eye lid, Eye infections, Eye injuries, Eye surgery, Fever, recent, Gastrointest. cond., Glaucoma, Heart disease, High blood press., High cholesterol, HIV, Keratoconus, Kidney disease, LASIK / PRK, Lazy eye, Macular Degen., Migraine, MS, preg./nursing (now), Skin cond., Thyroid cond., Other...

Eye Wear History (have you ever worn?..)

- Glasses, Bi-/Tri-focals, No line bifocals, OTC readers, Soft contacts, Gas perm./hard, Astig. contacts, Bifoc. contacts, Overnight wear, Other...

Family History (parents, grandparents, siblings, children)

- Blindness, Cataracts, Cancer, Color blind, Diabetes, Glaucoma, Heart disease, High blood press., Kidney disease, Lazy eye, Macular degen., Retinal disease, Thyroid cond., None, Other...

Social History

- Bike/motorcycle, Computer, Crossword/puzzles, Exercise, Fishing/boating, Golf, Music, Reading, Running, Scuba/swim, Sewing etc., Skiing, Tennis, Video games, Other...

Occupation

Vision or Primary Insurance
Ins.: _____ #: _____
Insured: _____ DOB: _____
Relationship: _____

Medical or Secondary Insurance
Ins.: _____ #: _____
Insured: _____ DOB: _____
Relationship: _____

Contact me by: Email, Home phone, Work phone, Cell phone, Mail

Referred by (please write name so we can thank)

Referral's name _____
Friend, Spouse/partner, Insurance, Website, Yelp, Other...

Medical Doctor(s):

How long since last eye exam:

Allergies Current Medicines (please list)

- None, Codeine, CL solutior, Eye drops, Novocain, Penicillin, Sulfa, Other...

Please initial each as indicated . . .
I WOULD like a copy of "Hipaa Policies"
I would NOT like a copy of "Hipaa Policies:
I have read and understood "Office Policies"
I have read and understood "Note to Contact Lens Wearers"

Current eye problem(s) (please check all, circle the "main" problem)

- Blur at distance, Blur at near, Dryness, Burning, Itching, Tearing, Eye pain, Eye strain, Redness, Discharge/mucus, Flashing lights, Floating spots, Dizziness, Double vision, Sandy/Gritty Feeling, Sensitivity to light, Frequent head aches, Annual check up, Diabetes eye check, Medical eye check, Diff. with glasses, vision, Diff. with glasses, comf.

Right eye, Left eye, Both eyes

Mild, Moderate, Severe

Started today, 1-2 days, 3-7 days, 1-2 weeks, 2-4 weeks, 1-3 months, 3-6 months, Over 6 months

Getting better, Getting worse, Worse AM, Worse PM, No change

Are you interested in contact lenses? No / Yes
Are you interested in refractive surgery (lasik)? No / Yes

For office use only

Glasses R- L-
Contacts R- L-

Signature _____ Date _____



LOCATIONS

Andersonville

5222 N Clark St
Chicago, IL 60640
[T] 773.275.2538
[F] 773.275.0344

Downtown

181 W Madison Ave
Suite 125
Chicago, IL 60602
[T] 312.201.8989
[F] 312.201.8984

[W] visionaryec.com

DOCTORS

M. Ciszek, OD
J. Warner, OD
J. Johnson, OD

OFFICE CONTACT

Michael Ciszek, OD
drmichael@visionaryec.com

OFFICE POLICY

Please respect our office policies. These policies are in place to make everyone's experience more pleasant.

PLEASE:

- **give us at least 24 hours notice before canceling any appointment (exam or follow-up).**
Patients giving us less than 24 hours notice will be charged a \$25 fee.
- **arrive on time.**
Patients arriving more than 10 minutes late will be asked to reschedule. This is only fair to the patients scheduled after you. Our doctors respect your time and try to balance the needs of each patient while staying on schedule.
- **discuss insurance coverage issues with your company's human resource personnel.**
We are required to abide by each company's rules and are not allowed to modify coverage, effective dates, etc. unless authorized to do so by your insurance company.
- **understand that you are ultimately responsible for your bill.**
You will be billed for any services or materials that your insurance company fails to cover.
- **understand that we custom order your glasses and contact lenses.**
Any orders cancelled on the same day will be charged a 10% restocking fee. Refunds will be issued in the same form as the original payment. Orders cancelled the next day or later will be charged a 10% restocking fee and issued a store credit only.
- **limit cell phone use to emergency use only.**

REFERRAL PROGRAM

Please take advantage of our referral program.

We give you a \$25.00 office credit for each new patient that you refer.

NOTE TO CONTACT LENS WEARERS

A contact lens is a medical device and like other medication requires a doctor for any changes. Your prescription includes brand name, base curve, diameter, lens strength, number of refills allowed, and an expiration date (maximum one year).

An annual eye examination by your doctor is required to renew or change a prescription.

No retailer, optician or online service is allowed to dispense contact lenses beyond the prescribed refills, beyond the expiration date or to change the defining parameters of a prescription.

This policy is regulated by the Federal government.



LOCATIONS

Andersonville

5222 N Clark St
Chicago, IL 60640
[T] 773.275.2538
[F] 773.275.0344

Downtown

181 W Madison Ave
Suite 125
Chicago, IL 60602
[T] 312.201.8989
[F] 312.201.8984

[W] visionaryec.com

DOCTORS

M. Ciszek, OD
J. Warner, OD
J. Johnson, OD

OFFICE CONTACT

Michael Ciszek, OD
drmichael@visionaryec.com

JUST FOR PARENTS - Preparing your child for his/her first visit

One of the reasons we do not wear white coats in the office is to make children feel more at ease. I prefer you tell your child that they are going to see "Michael" or the optometrist. Sometimes telling a child that they are going to see the eye doctor makes them apprehensive. All they hear is the "doctor" part. Then they are fearful of something painful like shots.

If a child is not comfortable with letters, we have charts that use numbers and charts that use symbols that are readily identifiable by most children.

Sometimes we will need to dilate a child's eyes or use other drops. I tell children that by the time they count to ten slowly, the stinging will go away. Works every time. You may want to prepare your child by putting rewetting drops in his or her eyes to practice. The drops we use only sting for a few seconds, but for a child, having their eyes held open while a stranger puts stinging drops in them is no fun. We use every method we can to make this as calm as possible.

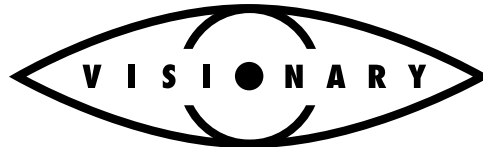
Illinois State Law requires comprehensive eye exams for children entering kindergarten or enrolling for the first time in public, private, or parochial elementary schools in Illinois. Children will be required to have the eye exam performed only by qualified eye doctors.

THANKS!

Thanks for filling out Patient Information ahead of your appointment!

Please print this and bring it with you on your first visit to receive:

\$10.00 OFF
YOUR INSURANCE COPAY



EYE CARE PROFESSIONALS

ANDERSONVILLE | DOWNTOWN

UNDERSTANDING YOUR UNIQUE NEEDS