

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

Date of Birth: _____ **Sex:** _____

Vision Insurance
Ins.: _____ **#:** _____
Insured: _____ **DOB:** _____
Relationship: _____

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

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

Would you like to receive emails about trunk shows, specials, fundraising etc? Yes No

Whom may we thank for referring you to our office?

Friend Spouse/partner Website Other...
 Insurance Previous patient Yelp

Medical Doctor(s):

How long since last eye exam:

Allergies **Current Medicines / OTC (please list)**
 None
 Codeine
 CL solution
 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"

Signature _____ Date _____

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Fever, recent | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Gastrointest. cond. | <input type="checkbox"/> MS |
| <input type="checkbox"/> Anxiety/depression | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Pregnant (Currently) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Nursing (Currently) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High blood press. | <input type="checkbox"/> Skin cond. |
| <input type="checkbox"/> Cataract | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Thyroid cond. |
| <input type="checkbox"/> COPD/emphysema | <input type="checkbox"/> HIV | <input type="checkbox"/> Other... |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Keratoconus | |
| <input type="checkbox"/> Droopy eye lid | <input type="checkbox"/> Kidney Disease | |
| <input type="checkbox"/> Eye infections | <input type="checkbox"/> LASIK / PRK | |
| <input type="checkbox"/> Eye injuries | <input type="checkbox"/> Lazy eye | |
| <input type="checkbox"/> Eye surgery | <input type="checkbox"/> Macular Degen. | |

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

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Glasses | <input type="checkbox"/> OTC readers | <input type="checkbox"/> Astig. contacts | <input type="checkbox"/> Other... |
| <input type="checkbox"/> Bi-/Tri-focals | <input type="checkbox"/> Soft contacts | <input type="checkbox"/> Bifoc. contacts | |
| <input type="checkbox"/> No line bifocals | <input type="checkbox"/> Gas perm./hard | <input type="checkbox"/> Overnight wear | |

Family History (parents, grandparents, siblings, children)

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Retinal disease |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> High blood press. | <input type="checkbox"/> Thyroid cond. |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Adopted |
| <input type="checkbox"/> Color blind | <input type="checkbox"/> Lazy eye | <input type="checkbox"/> None |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Macular degen. | <input type="checkbox"/> Other... |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Retinal detach. | |

Occupation

- | | | | |
|-----------------------|--|--------------------------------------|--------------------------------------|
| Social History | <input type="checkbox"/> Bike/motorcycle | <input type="checkbox"/> Music | <input type="checkbox"/> Sports |
| | <input type="checkbox"/> Computer | <input type="checkbox"/> Reading | <input type="checkbox"/> Tennis |
| | <input type="checkbox"/> Crossword/puzzles | <input type="checkbox"/> Running | <input type="checkbox"/> Traveling |
| | <input type="checkbox"/> Exercise | <input type="checkbox"/> Scuba/swim | <input type="checkbox"/> Video games |
| | <input type="checkbox"/> Fishing/boating | <input type="checkbox"/> Sewing etc. | <input type="checkbox"/> Other... |
| | <input type="checkbox"/> Golf | <input type="checkbox"/> Skiing | |

Current eye problem(s)

(circle the MAIN problem, please check all that apply)

CIRCLE MAIN PROBLEM AFTER PRINTING OUT

- | | | |
|---|--|---|
| <input type="checkbox"/> Blur at distance | <input type="checkbox"/> Double vision | <input type="checkbox"/> Light eyes |
| <input type="checkbox"/> Blur at near | <input type="checkbox"/> Sandy/Gritty Feeling | <input type="checkbox"/> Light skin |
| <input type="checkbox"/> Dryness | <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Signif. outdoor exposure |
| <input type="checkbox"/> Burning | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Night driving difficulty |
| <input type="checkbox"/> Itching | <input type="checkbox"/> Annual check up | <input type="checkbox"/> Smoker (current/past) |
| <input type="checkbox"/> Tearing | <input type="checkbox"/> Diabetes eye check | <input type="checkbox"/> Interested in contacts |
| <input type="checkbox"/> Eye pain | <input type="checkbox"/> Medical eye check | <input type="checkbox"/> Interested in Lasik |
| <input type="checkbox"/> Eye strain | <input type="checkbox"/> Diff. with glasses, vision | <input type="checkbox"/> Other... |
| <input type="checkbox"/> Redness | <input type="checkbox"/> Diff. with glasses, comf. | |
| <input type="checkbox"/> Discharge/mucus | <input type="checkbox"/> Diff. with contacts, vision | |
| <input type="checkbox"/> Flashing lights | <input type="checkbox"/> Diff. with contacts, comf. | |
| <input type="checkbox"/> Floating spots | <input type="checkbox"/> Lost glasses | |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Ran out of contacts | |

Please fill out the following based on the "MAIN" problem circled above

- | | | | |
|--|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Right eye | <input type="checkbox"/> Left eye | <input type="checkbox"/> Both eyes | |
| <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe | |
| <input type="checkbox"/> Started today | <input type="checkbox"/> 3-7 days | <input type="checkbox"/> 2-4 weeks | <input type="checkbox"/> 3-6 months |
| <input type="checkbox"/> 1-2 days | <input type="checkbox"/> 1-2 weeks | <input type="checkbox"/> 1-3 months | <input type="checkbox"/> Over 6 months |

- | | | |
|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Getting better | <input type="checkbox"/> Worse AM | <input type="checkbox"/> No change |
| <input type="checkbox"/> Getting worse | <input type="checkbox"/> Worse PM | |

For office use only

Glasses R-
L-
Contacts R-
L-

Signed _____



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
michael@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 stingy 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.

For more info about when to test or the InfantSEE® program go to our [Parents & Kids](#) page in Patient Resources on our website.

REFERRAL PROGRAM

Thank you — we really appreciate your referrals!

You will receive a \$25 Thank You card for referring a new patient to Visionary Eye Care. Gift cards must be redeemed on your next purchase. See an associate for more details.

THANKS!

Thanks for filling out Patient Information ahead of your appointment!
Please print all pages and bring it with you on your first visit
to receive a \$10 gift card for use on your next purchase.





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Michael Ciszek, OD
michael@visionaryec.com

OFFICE POLICY

Our policies are brief and help make your visit run smoothly! They are in place to help us all remember to respect everyone's time and comply with insurance and medical standards.*

Please give us 24 hours notice before canceling or rescheduling your appointment.

Unfortunately, failure to do so may result in a \$25 missed appointment fee.

Please arrive on time.

In an effort to stay on time and not make the next patient wait around, patients arriving more than 10 minutes late may be asked to reschedule. Our doctors do a great job of balancing the needs of each patient while staying on schedule. It's only fair; you don't like waiting either.

Please limit cell phone use to emergencies only.

Beautiful siren of talk, text and data — you must be put away for the brief time you are within our Visionary realm.

Insurance questions. You have 'em, we try to answer 'em, but...

The best place for you to start is with your Human Resources department or employer. They can answer questions about your specific policy. While we do our best to answer all of your insurance questions, certain information is needed to access your unique insurance coverage. Call or email us before your appointment to get details. And please remember, 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.

Please understand that you are ultimately responsible for your bill.

Insurance coverage varies and you will be billed for any services or materials that your insurance company fails to cover.

Please 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.

- *We stand behind our frames*

Sometimes glasses are in the wrong place at the wrong time. If your frames break, bring them in so we can determine whether they can be repaired. If it's the result of a manufacturing flaw, we'll fix them for you at no charge, or replace them within one year of purchase. We will do our best to repair your glasses on the spot.

- *Our Lenses Guarantee*

Our opticians expertly adjust the frames to address common concerns of "fish-bowl" or difficulty adapting to complex prescriptions. If you are not completely satisfied with your vision, bring your glasses back within 30 days so we can modify your lenses.

Finally a note to contact lens wearers

Contact lenses are medical devices and are therefore governed by Illinois State Law and the Federal government. Contact lenses cannot be dispensed without a valid contact lens prescription. A contact lens prescription cannot be written for a patient under Illinois law until the doctor has completed the initial fitting and confirmed the prescription at the appropriate follow up visit. An annual eye examination by your doctor is required to renew or change a prescription. Read about more on our website page [Legal Eye](#).

*And frankly, to give us all a chance to sing some Aretha:

R-E-S-P-E-C-T *find out what it means to me* R-E-S-P-E-C-T *Take care, VEC!*