

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

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_
Vision or Primary Insurance
Ins.: \_\_\_\_\_ #: \_\_\_\_\_
Insured: \_\_\_\_\_ DOB: \_\_\_\_\_
Relationship: \_\_\_\_\_

Medical or Secondary Insurance
Ins.: \_\_\_\_\_ #: \_\_\_\_\_
Insured: \_\_\_\_\_ DOB: \_\_\_\_\_
Relationship: \_\_\_\_\_

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

Referred by (please write name so we can thank)
Referral's name \_\_\_\_\_
 Friend  Spouse/partner  Yelp
 Insurance  Website  Other...

Medical Doctor(s): \_\_\_\_\_

How long since last eye exam: \_\_\_\_\_

Allergies  None  Codeine  CL solutior  Eye drops  Novocain  Penicillin  Sulfa  Other...
Current Medicines (please list)

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

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

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

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

Family History (parents, grandparents, siblings, children)

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

Social History

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

Occupation

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

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

Right eye  Left eye  Both eyes

Mild  Moderate  Severe

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

Getting better  Worse AM  No change
 Getting worse  Worse PM

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-

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 \_\_\_\_\_



## 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](http://visionaryec.com)

## DOCTORS

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

## OFFICE CONTACT

Michael Ciszek, OD  
[drmichael@visionaryec.com](mailto: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](http://visionaryec.com)

#### DOCTORS

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

#### OFFICE CONTACT

Michael Ciszek, OD  
[drmichael@visionaryec.com](mailto: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.

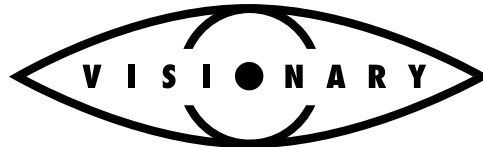
**Illinois State Law requires comprehensive eye exams** for children entering kindergarten or enrolling for the first time in public, private, or parochial elementary schools in Illinois. Children will be required to have the eye exam performed only by qualified eye doctors.

## 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**



ANDERSONVILLE | DOWNTOWN

**UNDERSTANDING YOUR UNIQUE NEEDS**