

Arlington Town Square 58 S. Arlington Heights Road Arlington Heights, IL 60005 (847) 368-9999 fax (847) 368-9920

## Barrington Village Center 143 W. Main Street Barrington, IL 60010 (224) 407-2020 fax (847) 368-9920

Glen Town Center 1871 Tower Drive Glenview, IL 60026 (847) 724-2020 fax (847) 724-7070

## AssureVision.com

## **Patient Form**

Patient Information			- Please complete all information.					
	Title:	Last Name:		First Name:		Initial:	Nick Name:	

Title:	Last Name:		First Name:		Initial: Nick Name:		Gender:		Birth Date:		
Address:						l City:		State:	Zip:		
Home Phon	ne:	Work Phone	:	Ext.	Cell	Phone:		Social Sec	urity #:		
Occupation	:			EXI.	Email Ad	dress:					
Referred by	v:				Signature / Guardian   Date:						
					Signature / Guardian						
Patient I	<i>History</i> - Plo	ease complete	all information.								
Primary	reason for toda	ıy's visit									
Date of la	ast eye exam:		Dr.:				Age of cur	rent glas	sses:		
				Yes							
Are you	being treated fo	or any medica	l condition?	<u>No</u>	If y	es, what:					
Are you	taking any med	lication?			If y	es, which ones:					
Do you h	ave allergies?				If y	es, which ones:					
Currentl	y pregnant?				If y	es, how far along	?				
Have you	ır eyes been dil	lated before?			If y	es,					
Dlagge ab	oals ans: / all as	nditions that			— whe	en:					
r iease cii	eck any / all co	Self Relati			C	elf  Relative(s)				Self	
Diabetes	,	Sell Kelati	ve(s)	Glaucon		Keiative(s)	т	Javanoss		Seli	
	ghBloodPressure							Dryness DoubleVision			
HeartDi				Catarac Retinal				Jouble v EyeSurg			
LungDis				Macular	. —			nfection	-		
Thyroid	_			Cancer					Ieadaches		
Thyroid	-			Cancer	-			Jiiusai 1	icauaciics		
		<u>Y</u>	es No								
Gastroir	itestinal Proble	ems	If yes,	, which one	es:						
	rinary Problen		If yes,	, which one	es:						
-	work on a comp	puter?	If yes,	, how many	y hours a	day					
Do you ı	use alcohol										
Tobacco			List s	ports and l	10bbies y	ou enjoy particij	pating in:				
Illegal S	ubstances										
Contact	Lens Inform	ation									
			Yes 1								
Have vo	u ever worn co	ntact lenses?	No No	<del></del> '	es, what	type and when:					
_	interested in n					Jpc and mich.					
-											
			e answer the follo	owing:			_				
Type:	Type: Astigmatism Astigmatism							extended Wear (sleep with)			
Gas Perm Bifocal					<del></del>				nily Wear (take out at night)		
	Soft		Monovision			-	Flexible	e Wear			
	Disposab	ole									
Care Sys	stem: Brai	nd:		Ex	ver had s	reaction to drop	s or solution	ıs?			
		-						-			