



AssureVision

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.

Form with fields for Title, Last Name, First Name, Initial, Nick Name, Gender, Birth Date, Address, City, State, Zip, Home Phone, Work Phone, Cell Phone, Social Security #, Occupation, Email Address, Referred by, Signature / Guardian, Date.

Patient History - Please complete all information.

Form with sections for Primary reason for today's visit, Date of last eye exam, Dr., Age of current glasses, and various medical condition checklists (Diabetes, Glaucoma, Dryness, etc.).

Contact Lens Information

Form with fields for Have you ever worn contact lenses?, Are you interested in new contact lenses?, and details about current contact lens wear (Type, Method of Wear, Care System, Brand).