

The Heart Center Cardiology
2375 Champions Blvd, Auburn, AL 36830

PATIENT INFORMATION SHEET

Name _____
Last First Middle

Address _____ City _____ ST _____ ZIP _____

Home Telephone # _____ The clinic may use this number to contact me. Yes No

Cell Telephone # _____ The clinic may use this number to contact me. Yes No

Work Telephone # _____ The clinic may use this number to contact me. Yes No

Social Security # _____ Date of Birth ___/___/___ Sex _____ Race _____

Marital status (Please circle) S M D W Email address _____

Patient/Parent Employer _____ Occupation _____

Employer Address _____

Name of Spouse _____ SS# _____ DOB ___/___/___

Spouse Business # _____ Spouse Cell # _____ Spouse Employer: _____

Primary Care Physician _____ Clinic Location _____

Referring Physician _____ Clinic Location _____

Name of your pharmacy _____ City _____ Telephone # _____

General Health Questions:

Diet Regular Vegetarian Vegan Gluten Free Cardiac Diabetic

Do you have high cholesterol? Yes No

Alcohol Intake None Occasional Moderate Heavy Years of use _____

Smoking Status Never smoked Former Smoker Every day smoker Some day smoker Unknown if ever smoked

Has smoked since age _____

If you smoke, how much? 1 pack/week 2 pack/week ¼ pack/day ½ pack/day 1 pack/day

1.5 pack/day 2 pack/day 3+ pack/day

Chewing tobacco None 1/day 2-4 day 5+ day Tobacco years of use _____

I, the undersigned patient/responsible party, give The Heart Center Cardiology permission to download a listing of my current medications electronically.

Patient or Responsible Party Signature

Date

Witness

Date