Orange County
Heart Institute
and Research Center

1140 W La Veta Avenue Ste 640 Orange CA 92868
2621 Bristol St Ste 204 Santa Ana CA 92704
4050 Barranca Pkwy, Suite 110 Irvine CA 92604

Appointment:

Name **Date of Birth**

Day **Date** **Time**

Physician

*****Please bring valid photo ID*****

Dear New Patient:

We are sending you a medical questionnaire to complete at home. Please bring it with you to your appointment date.

PLEASE BRING ALL YOUR CURRENT MEDICATIONS WITH YOU TO YOUR APPOINTMENT.

IT IS VERY IMPORTANT that we have pertinent records from your referring physician including laboratory reports, EKG's Treadmill Tests, Holter Monitors, or Echocardiogram copies. You may bring copies with you or request that they be forwarded directly to this office. (Enclosed is an Authorization to Release Records form you may send to your referring physician)

We do insurance billing for all Medicare, PPO, HMO and Managed Care patients. We are happy to bill group insurance for other patients, providing the visit is paid at the time of service and current billing information is supplied. **Please bring your insurance cards so they may be copied for your file, do not bring electronic cards.** Deductible and co-payments are to be paid at the time of service in keeping with your insurance coverage requirements.

Our schedule is very heavily booked at all times. It is important that you have all the forms completed and arrive 30 minutes prior to your appointment. Please notify us right away if you are unable to keep this appointment. Should you have any questions I can be reached at (714) 564-3300

Sincerely,

Tina
New Patient Coordinator

Orange County Heart Institute and Research Center New Patient Form

Date:

Name Date of Birth:

Personal History

Present Illness (in your own words)

Please list all past illnesses, hospitalizations and injuries (date included):

None ☐

Please list all your medications, dosage and number of times taken daily:

None ☐

Primary Pharmacy: Phone: ( ) Fax: ( )

Street State Zip Code

Please list any medications and /or substances to which you are allergic; give the type of reactions (e.g.: hives, wheezing, nausea, etc that you have experienced)

None ☐

Orange County Heart Institute and Research Center New Patient Form

Family History	If Living			If Deceased	
	AGE		HEALTH (Poor, Good, Excellent)	Age at Death	CAUSE
FATHER					
MOTHER					
Husband/Wife					
BROTHERS & SISTERS	Sex	AGE			
	M F				
	M F				
	M F				
SONS & DAUGHTERS	SEX	AGE			
	M F				
	M F				
	M F				

Do you know of any blood relative who has or had: (circle and give relationship)

Stroke	Epilepsy	Heart Attack
Cancer	Colitis	Stomach Ulcer
High Blood Pressure	Migraines	Kidney Disease
Tuberculosis	Asthma	Goiter
Diabetes	Hay Fever	Arthritis
Leukemia	Bleeding disorders	Mental Illness
Hyperlipidemia	High Cholesterol	Nervous Breakdown
Rheumatic Heart	Congenital Heart Disease	Suicide

Do you smoke? Cigarettes _____Pipe _____Cigars _____Year Started?_____

Were you exposed to second hand smoke in the past? Yes No

How many caffeinated beverages do you drink per day? Coffee _____Tea _____Soft Drinks _____

Do you drink alcoholic beverages? Occasionally (1-3 per month) ____ Regularly (1-2 per week) ____

Daily (1-3 per daily) ____ Continually (4+ per day) ____ Other _____

Do you currently use illicit or illegal drug use? Yes No

Communication Channels

Orange County Heart Institute and Research Center New Patient Form

Patient Medical Records Release Please Expedite

Appointment Date_____ Time_____

PATIENT INFORMATION

PATIENT'S NAME _____ DATE OF BIRTH_____

PATIENT RELEASE OF INFORMATION

I, the undersigned, hereby authorize:

_____

_____

_____

to release to Orange County Heart Institute and Research Center any and all medical records and

Specifically _____

Date (s) / Year (s) of Service_____

Please forward all records to the following office location:

- ☐ Orange Office, 1140 W La Veta Ave Ste 640 Orange CA 92868
  Fax (949) 231-5115 Attention: Saul
- ☐ Bristol Office, 2621 So. Bristol St Ste 204 Santa Ana CA 92704
  Fax (714) 545-6724
- ☐ Irvine Office, 4050 Barranca Pkwy Ste 110 Irvine Ca 92604
  Fax (949) 552-2759

USE OF INFORMATION:

The information supplied pursuant to this authorization is for diagnosis and treatment purposes and is restricted to the use of the physicians of the Orange County Heart Institute and Research Center.

No further authorization is made than is specifically indicated in this form and an additional written consent must be obtained for any new or different use of the information than is authorized herein, or for the transfer of this information to another person or entity.

_____

Patient

Signature_____ Date: _____

Witness _____ Date: _____