FLOW HEART & VASCULAR

Nachiket J. Patel, MD, FACC, FSCAI
Cardiology • Interventional Cardiology • Vascular Medicine
407 N Lindsay Rd, Suite 103-104 | Mesa, AZ 85213
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flowheartandvascular.com

NEW PATIENT INTAKE PACKET

Welcome to Flow Heart and Vascular. Complete registration, your reason for visit, and consent/signature sections.
You may attach existing history/records and a medication list instead of rewriting them. Add missing or changed information.

1. PATIENT INFORMATION

FULL LEGAL NAME

DATE OF BIRTH (MM/DD/YYYY)

SEX ☐ M ☐ F ☐ Other

SPECIFY IF OTHER

HOME ADDRESS

CITY

STATE

ZIP

PHONE (MOBILE)

HOME PHONE

EMAIL

MARITAL STATUS ☐ Single ☐ Married ☐ Divorced ☐ Widowed

EMERGENCY CONTACT

RELATIONSHIP

PHONE

2. INSURANCE INFORMATION

PRIMARY INSURANCE

POLICY / ID NUMBER

GROUP NUMBER

SUBSCRIBER NAME

SUBSCRIBER DOB

RELATIONSHIP TO PATIENT

SECONDARY INSURANCE (IF APPLICABLE)

Assignment of Benefits: I authorize payment of medical benefits directly to Flow Heart and Vascular. I understand I am financially responsible for charges not covered by insurance.

ASSIGNMENT SIGNATURE

DATE (MM/DD/YYYY)

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PROVIDER, MEDICATIONS & PHARMACY

Attach existing history/records and a medication list instead of rewriting them. Add missing or changed information.

3. PRIMARY CARE PROVIDER

PROVIDER NAME

PHONE

CLINIC

4. MEDICAL HISTORY (BRIEF)

MEDICATIONS (INCLUDE DOSE)

PREFERRED PHARMACY

PHARMACY NAME

PHONE

ADDRESS OR CROSS STREETS

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MEDICAL HISTORY & CONSENT

Clinical history and authorization to receive care.

ALLERGIES

ALLERGIES (MEDICATIONS, CONTRAST, LATEX)

ADDITIONAL ALLERGY INFORMATION

HEALTH HISTORY

FAMILY HISTORY OF HEART DISEASE

☐ Yes ☐ No

TOBACCO USE

☐ Current ☐ Former ☐ Never

ALCOHOL USE

☐ Yes ☐ No

REASON FOR VISIT / CURRENT SYMPTOMS

5. CONSENT FOR TREATMENT

I hereby consent to receive medical evaluation and treatment from Flow Heart and Vascular and its providers. I understand that I may withdraw consent at any time.

CONSENT SIGNATURE

DATE (MM/DD/YYYY)

Thank you for choosing Flow Heart and Vascular. Please bring a valid photo ID, insurance card(s), and a list of your medications to your first visit.