



## Welcome Letter

Dear Patient,

Thank you for choosing Tri-City Cardiology for your care. Our goal is to provide you with very good care and service. The following information is provided to help you have a very good experience at our clinic:

- **New Patient Packet:** All new patients need to complete these forms and bring them to their visit:
  - Patient Information Form
  - Financial Policy
  - Authorization to release Personal Health Information (PHI)
  - Peripheral Vascular Disease (PVD) Screening
  
- **Items To Bring to Your Appointment:**
  - Current medication list including vitamins, supplements, and over the counter medications.
  - Current insurance cards and photo ID
  
- **Check-in Time:** It is **very important** that you check-in **20 minutes prior to your appointment time** to begin your registration process which includes updating your demographic, insurance and health information. Please allow enough time to park, if your appointment is at the Banner Heart Hospital Campus.
  
- **Late Arrival Policy:** If you arrive late, you may be asked to reschedule your appointment(s).
  
- **Testing Appointments:** Testing appointments run on time, and it is very important to arrive at your “check-in time”. If you are late, you may be asked to reschedule. Please note that the check-in time for PET Testing is 30 minutes prior to the appointment time.
  
- **Cancellation Fee:** Failure to cancel within 24 hours (1 full business day, Mon-Fri) of your appointment or No Show for your appointment will result in a **\$50.00** charge added to your account.
  
- **Co-Pay and Co-Insurance:** Please be prepared to pay your co-payments and deductibles due at the time of your visit. Please refer to the Financial Policy for your financial obligations as a patient.
  
- **Communicating with our Practice:** Following your visit, there are several methods to reach our staff:
  - **Patient Portal:** This is a secure website for patients to communicate with our practice, schedule or request appointments and medical records, receive statements and pay account balances, etc.

You will receive an email with a specific link to register for the patient portal. After initial registration, you may return to the Medfusion website by using the link on our website or saving this link as a favorite on your browser.

**Patient Portal:** [tricitycardiology.com/patient-portal](http://tricitycardiology.com/patient-portal)

- **Telephone:** Our phone lines are open from 8 am to 5 pm Monday through Friday with live agents to direct your call to the appropriate member of our staff for timely patient care.
- **Website:** Visit our website to see information about our physicians, practice, and locations. There is a link to the **Patient Portal** for **secure** communication with our practice.

**Website:** [www.TriCityCardiology.com](http://www.TriCityCardiology.com)

- **Patient Satisfaction:** Your satisfaction is very important to us. You will be receiving a confidential, electronic survey via e-mail from Press Ganey after your visit. Please provide your honest feedback so we can continue to improve our services.

Thank you for choosing Tri-City Cardiology for your medical care!

**The physicians and staff at Tri-City Cardiology**

**Tri-City Cardiology**

**Phone: 480-835-6100**

**Fax: 480-461-4243**



## **Financial Policy**

Dear Patient,

Our goal is to provide you with very good care and service. Attached is a copy of our financial policy. It is very important you review this policy. If you have any questions before your appointment, please call (480) 844-0401 to speak with a financial counselor.

Each visit, during the registration process, your statement or account balance will be reviewed with you by a financial counselor or registrar prior to services rendered. The final part of your registration process will be to review your financial obligations to ensure the accuracy of your bill. We will ask you to pay any co-payments, deductibles, and outstanding balances at this time.

In addition, your registration process will include updating your demographic, insurance, and health information. This process will improve the quality of patient information we use to care for you.

Being true to our Mission Statement we will work collaboratively with patients who are under financial hardship to develop fair and reasonable payment plans. Financial hardship is determined by policy and is a formal process that must be a joint effort between a financial counselor and the patient. A patient, who has the ability to pay and has not been formally determined to be in financial hardship, is expected to pay at the time of service and maintain no outstanding balance.

Our policy states that any account balance remaining after insurance payments must be paid in full within 30 days of the first statement, unless specific arrangements are made ahead of time. All co-pays, deductibles, and previous account balances must be paid before additional services will be rendered.

We hope this brief overview is helpful. We are excited about the opportunity to provide you with very good care and service. If you have any questions or concerns, please contact Billing at 480-844-0401. Thank you.

Billing Questions  
6343 E. Main Street, Suite 12  
Mesa, AZ 85205  
(480) 844-0401

## **TRI-CITY CARDIOLOGY FINANCIAL POLICY Patient Responsibilities**

Our goal is to provide you with very good care and service. Below you will find our financial policy. It is very important you review this policy. If you have any questions before your appointment, please call (480) 844-0401 to speak with a financial counselor.

Please have all current insurance cards available so we may copy the front and back of the card to bill your insurance accurately. It is your responsibility to inform Tri-City Cardiology (TCC) of any insurance changes. If accurate insurance information is not provided for timely submission of a claim, you will be held responsible for the full amount of the charges.

### **Financial Policy**

#### ***Insured***

All co-pays and deductibles must be paid before services are rendered. If unable to pay your copay at the time of service, your appointment may be rescheduled. Non-contracted insurance claims will be submitted to the insurance company as a courtesy to you however the charges remain your responsibility. If no response is received from your insurance within 60 days, payment must be made by you.

#### ***Non-Insured***

TCC requires full payment at the time of service unless prior arrangements have been made with our Billing Office.

#### ***Balances Due***

Patient balances remaining after insurance payments must be paid in full within 30 days of the first statement, unless specific arrangements are made ahead of time.

#### ***No Show & Cancellation of Appointments***

TCC requires a 24-hour advance notice (1 full business day, Monday through Friday) for all appointment cancellations and reschedules. Failure to cancel or reschedule your appointment within the required time or if you No Show for your appointment, will result in a \$50.00 charge added to your account. This charge is not covered by your insurance and is the patient's responsibility.

#### ***Hospitalizations***

It is your responsibility to notify your insurance company and primary care physician's office in the event of an unscheduled hospitalization. It is also your responsibility, not the hospitals, to provide TCC with your insurance information.

#### ***Medical Forms***

TCC requires full payment of all applicable form fees (FMLA, FAA Clearance, Disability, etc.) before forms are released. Completion of form fees are not paid by your insurance company.

#### ***Non-Sufficient Funds/Return Checks***

TCC will pass along to the patient a \$40.00 NSF bank charge for all returned checks. This fee will be added to your account and is the patient's responsibility. The financial institution may charge additional fees to you directly.

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Print Name

Date of Birth

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Signature

Today's Date



# TRI-CITY CARDIOLOGY

## MEDICATION MANAGEMENT

Dear Patient,

Proper management of your medications is very important to your care plan. It is important that we work together to educate you on your medications and that we maintain an accurate medication list.

- **Please bring your current medication lists (prescribed medications, supplements, over the counter medication), including dosage and instructions to every office visit with your physician.**
  - Be prepared to provide information about **new** medications since your last office visit.
- **If you have been discharged from the hospital in the last sixty (60) days, it is important to bring your hospital discharge instructions that contain your most recent medication instructions.**

### Managing Prescriptions Refills

Tri-City Cardiology is compliant with Electronic Prescription requirements, therefore:

- **All refill requests for medication must be made through your local or mail order pharmacy.**
- If you need a refill authorization (if you are out of refills), you must call your pharmacy. The pharmacist is in the best position to safely and accurately coordinate the request with our staff.
- Request your refills **at least 7 days BEFORE** you will run out of medication to allow time for processing of your refill.
- If your prescription has expired, **allow at least two weeks** for your pharmacy to process the new prescription.
- If your prescription medication requires authorization from your insurance or you use a mail order pharmacy, allow **at least 30 days** for this process to be completed.

### Understanding Your Medications

It is important that you know what medication(s) you are taking and how to take them. Be prepared for your visit by asking questions about your medications of your other physician(s) who prescribe them or pharmacist.

- Know the name and dosage of the medication(s). Keep a list with you.
- Know when you should take your medications and what to do if you miss a dose.
- Know the side effects (for example, drowsiness or nausea).
- Know if your medication(s) could interact with any over the counter non-prescription medications that you may be taking or whether you should avoid alcohol while taking a medication.

Thank you for your cooperation with following the above instructions to help process all of your medication requests and questions timely and accurately. Our goal is to ensure you understand and take your medications as directed by your physician for your best health benefit.

**Tri-City Cardiology**  
**Phone: 480-835-6100 Fax: 480-461-4243**  
**Patient Portal: <https://bit.ly/3IURmn9>**





# TRI-CITY CARDIOLOGY

## Patient Code of Conduct

In an effort to provide a safe and healthy environment for staff, visitors, patients and their families, Tri-City Cardiology expects visitors, patients and accompanying family members to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights or safety of other patients and staff.

### The following behaviors are prohibited:

- Possession of firearms or any weapon
- Physical assault, arson or inflicting bodily harm
- Making verbal threats to harm another individual or destroy property
- Intentionally damaging equipment or property
- Making menacing gestures
- Attempting to intimidate or harass other individuals
- Making harassing, offensive or intimidating statements, or threats of violence through phone calls, letters, voicemail, email, or other forms of written, verbal or electronic communication
- Racial or cultural slurs or other derogatory remarks associated with, but not limited to, race, language or sexuality

In order to ensure that the privacy of our patients and staff is protected and to ensure that the physician-patient relationship remains confidential and private, Tri-City Cardiology does not permit anyone to record, video tape or photograph our facilities in any way during any visit or appointment with us.

**If you are subjected to any of these behaviors or witness inappropriate behavior, please report to any staff member. Violators are subject to removal from the facility and/or discharge from the practice.**

**Our practice follows a zero-tolerance policy for aggressive behavior directed by patients/visitors against our staff.**

\*Adults are expected to supervise children in their care.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient Printed Name

\_\_\_\_\_  
Date







# TRI-CITY CARDIOLOGY

## Directions and Maps

### Fiesta Office & Vein Center

1580 N. Fiesta Blvd Suite 100 Gilbert, AZ 85233

1580 N. Fiesta Blvd Suite 101 Gilbert, AZ 85233

Main Phone: (480) 835-6100



- Traveling **East** on Highway 60 in Mesa, take the Country Club Drive Exit Turn South (Right) onto Country Club Drive and then turn left on Baseline Rd.
- Turn Right on Fiesta Blvd
- Tri-City Cardiology is on the Southwest corner of Baseline and Fiesta Blvd. in Suite 100
- OR-
- Traveling **West** on Highway 60 in Mesa, take the Mesa Drive/McQueen exit • Turn South (Left) onto Mesa Drive/McQueen and then turn Right on Baseline Rd.
- Turn Left on Fiesta Blvd
- Tri-City Cardiology is on the Southwest corner of Baseline and Fiesta Blvd. in Suite 100 -OR-
- Traveling **North or South** on highway 101, take the Southern Ave/Baseline Rd exit
- Turn East on Baseline Rd and then turn Right on Fiesta Blvd
- Tri-City Cardiology is on the Southwest corner of Baseline and Fiesta Blvd. in Suite 100

### Baywood Offices – Banner Heart Hospital Campus

6750 E. Baywood Ave. • Suite 301 • Mesa, AZ 85206

Arrhythmia Center: Suite 506 Main Phone: (480) 835-6100



- Traveling **East** or **West** on Highway 60 in East Mesa, take the Power Road exit
- Turn North onto the Power Road exit
- Travel through the stop lights at Southern Ave., Broadway Rd and Baywood Ave. Immediately after Baywood Ave., take the entrance into the Banner Heart Hospital
- Travel up the ramp to the top level of the Banner Heart parking deck. Park and enter the hospital on the lobby level. There are two sets of elevators off the main lobby. Take either set of elevators to the 3<sup>rd</sup> floor
- We are located in suite 301

Note: A complementary shuttle service will be driving around the parking lot throughout the day to assist you to and from the front entrance of the Heart Hospital to your vehicle.

**Superstition: Cardiology Services, Vein Center**

**6402 E. Superstition Springs Blvd. Suite 114 • Mesa, AZ 85206**

**Main Phone: (480) 835-6100**

- Traveling **West** on Highway 60 in East Mesa, take Power Rd. exit
- Turn left onto Power Rd.
- Turn right on Superstition Springs Blvd.
- Follow the curve to the right and take your first right at Test Drive
- Take the first left into the parking lot

**-OR-**

- Traveling **East** on Highway 60 in East Mesa, take the Superstition Springs Blvd. exit
- Turn right onto Superstition Springs Blvd
- Follow to the stop light at Test Drive and turn left
- Take the first left into the parking lot



**Pecos Office – Rome Towers (Formerly Val Vista)**

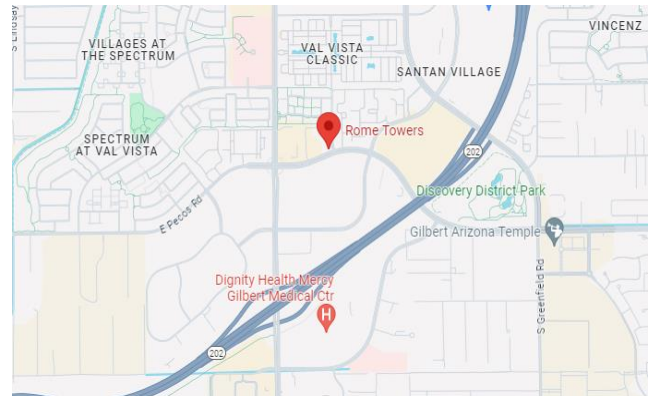
**1760 E. Pecos Dr. • Suite 420 • Gilbert, AZ 85295**

**Main Phone: (480) 835-6100**

- Traveling **East** or **West** on Highway 60 in East Mesa, take the Greenfield Rd exit, then head south on Santan Village Pkwy.

**-OR-**

- Traveling **East** or **West** on South Santan Fwy/Loop 202, take the Val Vista exit, then head north
- Turn right onto E. Pecos Rd
- Turn left onto S. Rome St
- Make your first left into parking lot



**San Tan Valley Office – Pinal Professional Village**

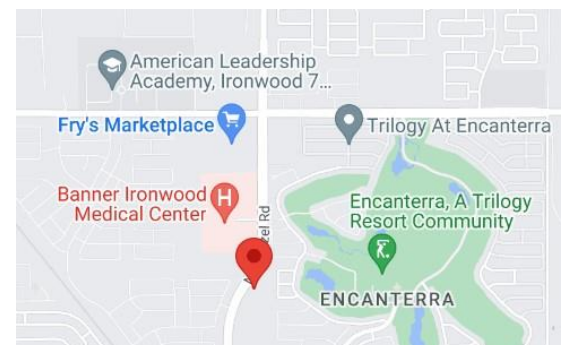
**36543 N. Gantzel Rd. • Bldg. 15, Suite 101 • San Tan Valley, AZ 85140**

**Main Phone: (480) 835-6100**

- Traveling **East** or **West** on Highway 60 in East Mesa, Take the Ironwood exit, # 195
- Turn South onto S. Ironwood Drive
- S. Ironwood Dr. turns into N. Gantzel Road
- Continue south through Combs, to the 2<sup>nd</sup> stop light (no street name)
- Turn left into the complex and make a sharp left and follow the front of the buildings to our office location

**-OR-**

- Traveling **East** on Hunt Highway, take a left on Bella Vista Road
- Turn left on Gantzel Road
- Go through 2 stop light and turn into complex



**-OR-**

- Traveling **West** on Hunt Highway, take a right on Bella Vista Road
- Turn left on Gantzel Road
- Go through 2<sup>nd</sup> stop light and turn into complex

**Gold Canyon:**

**6724 S. Kings Ranch Rd • Suite 104 • Gold Canyon AZ 85118**

**Main Phone: (480) 835-6100**

- Traveling **East** onto US-60 E/Superstition Fwy toward Globe
- Slight left toward South Kings Ranch Rd
- Continue onto South Kings Ranch Rd
- Turn left at East Sunrise Sky Dr
- Destination will be on your right



**-OR-**

- Traveling **West** onto US-60 W Fwy toward Globe or onto AZ-79 N/N Pinal Pkwy Ave
- Continue onto South Kings Ranch Rd and turn right at East Sunrise Sky Dr

**Casa Grande**

**177 W. Cottonwood Lane • Suite 7 • Casa Grande AZ 85122**

**Main Phone: (480) 835-6100**

- From **I-10 Southbound** Exit west to E. McCartney Rd
- Turn Left (south) on N. Peart Rd
- Turn Right (west) on W. Cottonwood Ln
- Our office is on the Left



**-OR-**

- Head **West** on W. Maricopa/Casa Grande Highway
- Continue onto W. Cottonwood Ln
- Turn Right (on unnamed street). Our office is on the Right

**Chandler**

**333 N. Dobson Rd • Suite 11 • Chandler AZ 85224**

**Main Phone: (480) 835-6100**

- Traveling **East** on Highway 60, take the AZ-202 Loop S
- Turn North on S. Dobson Rd
- Our office is on the East side of the road, just past W. Chandler, Blvd -OR-
- Traveling on **AZ-202 Loop E**, Take AZ-101 Loop S
- Take Exit 59 for W. Ray Rd

- Turn Right on N. Dobson Rd
- Turn Left on W. Flint St
- Make a Right and then another Right (unnamed streets)
- Our office will be on the Left
- OR-
- Head **East** on E. Chandler Blvd
- Make a U-Turn at N. Colorado St
- Turn Right on N. Dobson Rd
- Turn Right on W. Flint St
- Make a Right and then another Right (un-named streets)
- Our office will be on the Left



### Sun Lakes

**10440 E. Riggs Road • Suite 250 • Sun Lakes AZ 85248**

**Phone: (480) 835-6100**

- Traveling **West** on Highway 202, take the AZ-202/AZ-Loop W
- Take exit 47 for AZ-87 toward Arizona Ave
- Turn left onto AZ-87 S/S Arizona Ave
- Turn right onto E Riggs Rd
- In 1 mile, the office will be on the right
- Traveling **East** on Highway 202, take the AZ-202/AZ-202 Loop E
- Take exit 48 for Alma School Rd
- Turn right onto S Alma School Rd
- Turn left onto E Riggs Rd
- The office building will be to your left



**Main**

**202**

### Tri-City Surgical Centers

**143 South 63rd Street • Mesa AZ 85206**

**Main Phone: (480) 993-1000**

- From **US-60**, Head North on Power Rd
- Turn Left E. Broadway Road
- Turn Right on S. 63rd St
- Our office is on the Right, just past E. Baywood Ave.



PATIENT INFORMATION FORM
Tri-City Cardiology

Patient Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_
First Last M.I.

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Primary Care Doctor: \_\_\_\_\_

Reason for Visit (current symptoms today): \_\_\_\_\_

Recent hospitalization? If yes, please explain: \_\_\_\_\_

Local Pharmacy Name (crossroads): \_\_\_\_\_ City: \_\_\_\_\_ Ph: \_\_\_\_\_

Mail Order Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Advanced Directives: [ ] None [ ] POA [ ] Living Will [ ] Healthcare Proxy

Do You Use Tobacco: [ ] Current [ ] Former [ ] Never If former, Age Quit: \_\_\_\_\_

If Yes, Type: [ ] Chewing [ ] Cigarettes [ ] Pipe [ ] Smokeless
Packs/day \_\_\_\_\_ Years used \_\_\_\_\_ Passive smoke exposure: [ ] No [ ] Yes

Are you interested in tobacco cessation information? [ ] Yes [ ] No

Have you ever been diagnosed or are taking medications for the following conditions:

Diabetes: [ ] Yes [ ] No [ ] Unknown If Yes, Type: [ ] Type 1 (Juvenile) [ ] Type 2 (Adult onset) Year diagnosed \_\_\_\_\_

High Cholesterol: [ ] Yes [ ] No [ ] Unknown

If Yes, Type: [ ] Cholesterol [ ] Triglycerides [ ] Cholesterol + Triglycerides [ ] Low HDL Syndrome

High Blood Pressure: [ ] Yes [ ] No [ ] Unknown Year diagnosed \_\_\_\_\_

Family History of Heart Disease (CAD) prior to age 55: [ ] Yes [ ] No [ ] Unknown [ ] Adopted (Unknown)

Peripheral Vascular Disease (poor circulation in legs): [ ] Yes [ ] No [ ] Unknown

Are you allergic to any medications: [ ] Yes [ ] No

Medications you are allergic to: \_\_\_\_\_

Reaction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other allergies (food, adhesive tape, iodine, latex, etc.): \_\_\_\_\_

\_\_\_\_\_

**Current Medications** - please list all prescription, non-prescription, vitamins and nutritional supplements; list additional meds on back of paper if needed

CURRENT MEDICATIONS	DOSE (Strength)	DOSAGE (How many & times per day)	DO YOU NEED ANY REFILLS?
<i>Example: Lopressor</i>	<i>50 mg</i>	<i>1 tablet, two times a day</i>	30 Days or 90 Days
			<input type="checkbox"/> Yes <input type="checkbox"/> 30 <input type="checkbox"/> 90
			<input type="checkbox"/> Yes <input type="checkbox"/> 30 <input type="checkbox"/> 90
			<input type="checkbox"/> Yes <input type="checkbox"/> 30 <input type="checkbox"/> 90
			<input type="checkbox"/> Yes <input type="checkbox"/> 30 <input type="checkbox"/> 90
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			<input type="checkbox"/> Yes <input type="checkbox"/> 30 <input type="checkbox"/> 90

**Review of Symptoms:** Check only the problems you are currently experiencing

	Y	N		Y	N		Y	N	
<b>Cardiac:</b>	<input type="radio"/>	<input type="radio"/>	Chest Pain (pressure)	<input type="radio"/>	<input type="radio"/>	Diaphoresis (excessive perspiration)	<input type="radio"/>	<input type="radio"/>	Orthopnea (trouble breathing lying down)
<b>Cardiac:</b>	<input type="radio"/>	<input type="radio"/>	Palpitation (fluttering)	<input type="radio"/>	<input type="radio"/>	Syncope (loss of consciousness)	<input type="radio"/>	<input type="radio"/>	PND (trouble breathing at night)
<b>Vascular:</b>	<input type="radio"/>	<input type="radio"/>	Claudication (leg pain)	<input type="radio"/>	<input type="radio"/>	Edema (swelling)			
<b>Constitutional:</b>	<input type="radio"/>	<input type="radio"/>	Weight Gain	<input type="radio"/>	<input type="radio"/>	Weight Loss	<input type="radio"/>	<input type="radio"/>	Fever
<b>HEENT:</b>	<input type="radio"/>	<input type="radio"/>	Visual Changes	<input type="radio"/>	<input type="radio"/>	Hearing Loss			
<b>Respiratory:</b>	<input type="radio"/>	<input type="radio"/>	Snoring	<input type="radio"/>	<input type="radio"/>	Hemoptysis (coughing up blood)	<input type="radio"/>	<input type="radio"/>	Dyspnea (shortness of breath)
<b>Gastrointestinal:</b>	<input type="radio"/>	<input type="radio"/>	Nausea	<input type="radio"/>	<input type="radio"/>	Reflux	<input type="radio"/>	<input type="radio"/>	Bleeding
<b>Genitourinary:</b>	<input type="radio"/>	<input type="radio"/>	Hematuria (blood in urine)	<input type="radio"/>	<input type="radio"/>	Nocturia (nighttime urination)			
<b>Neurology:</b>	<input type="radio"/>	<input type="radio"/>	Dizziness	<input type="radio"/>	<input type="radio"/>	Memory Loss	<input type="radio"/>	<input type="radio"/>	Seizures
<b>Psychiatric:</b>	<input type="radio"/>	<input type="radio"/>	Depression	<input type="radio"/>	<input type="radio"/>	Hallucinations			
<b>Hematologic:</b>	<input type="radio"/>	<input type="radio"/>	Acute Anemia	<input type="radio"/>	<input type="radio"/>	Thrombocytopenia (low platelet count)			
<b>Endocrine:</b>	<input type="radio"/>	<input type="radio"/>	Goiter (enlarged thyroid)	<input type="radio"/>	<input type="radio"/>	Tremors			
<b>Derm (Skin):</b>	<input type="radio"/>	<input type="radio"/>	Rash	<input type="radio"/>	<input type="radio"/>	Skin Sores			
<b>Musculoskeletal:</b>	<input type="radio"/>	<input type="radio"/>	Joint Pain	<input type="radio"/>	<input type="radio"/>	Myalgia (muscle pain)			

**Past Medical History** – Place a check mark in the box for any conditions that apply:

**Respiratory:**  COPD  Pulmonary Embolus  Pulmonary Hypertension  Sleep Apnea  Other: \_\_\_\_\_

**Renal:**  End Stage Renal Disease  Renal Artery Stenosis  Renal Insufficiency  Other: \_\_\_\_\_

**Endocrine:**  Hyperthyroidism  Hypothyroidism  Obesity  Other: \_\_\_\_\_

**Oncology:**  Breast Cancer  Skin Cancer  Lung Cancer  Prostate Cancer  Other: \_\_\_\_\_

Chemotherapy  Radiation  Other: \_\_\_\_\_

**Cardiac:**  Arrhythmias  Congestive Heart Failure  CAD  Heart Attack (MI)  Valvular Heart Disease

CABG (Bypass)  Coronary Stent  ICD  Pacemaker  PTCA (Angioplasty)  Other: \_\_\_\_\_

**Vascular:**  Abdominal Aneurysm  Peripheral Arterial Disease  Carotid Disease  DVT  Thoracic Aneurysm

Varicose Veins  Amputation  Aneurysm Repair  Vein Stripping  Other: \_\_\_\_\_

**List any other medical conditions:** \_\_\_\_\_

**List any other surgeries:** \_\_\_\_\_

**Family History** – Checkmark any conditions that apply  No Relevant Family History  Unknown - Adopted

	Current Age	Age at Death	Heart Attack	Arrhythmia	Heart Failure	Aneurysm	Stroke	High Blood Pressure	High Cholesterol	Diabetes	Lung Disease	Renal Disease	Cancer
<b>Mother</b>													
<b>Father</b>													
<b>Other</b>													

Other pertinent family history: \_\_\_\_\_

**Do you consume Alcohol:**  Yes  No  Former **If Yes, What Type:**  Beer  Wine  Liquor  Variety

**If Yes, Frequency:**  Daily  Weekly  Monthly  Yearly  Occasionally  Rarely  Socially **Amount:** \_\_\_\_\_

**Do you consume Caffeine on a daily basis:**  Yes  No **Cups per day:** \_\_\_\_\_

**If Yes, What type:**  Chocolate  Coffee  Energy Drink  Soda  Tablets  Tea  Other: \_\_\_\_\_

**Do you follow a specific diet: (check all that apply)**

Diabetic  Low Carb  Low Fat, Low Cholesterol  Low Salt  No Added Salt  No Specific Diet

Regular  Renal  Vegetarian  Weight Loss  Other: \_\_\_\_\_

**Drug use/abuse:**  Yes  No  Former **If Yes, what type:** \_\_\_\_\_







**AUTHORITY TO RELEASE PRIVATE HEALTH INFORMATION**  
**Tri-City Cardiology**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**1) Please check (✓) one only:**

I only want my medical information released to myself.

I give Tri-City Cardiology Consultants, P.C. and staff authority to release medical information regarding my care to the following individuals:

**Individuals Name**

**Relationship to Patient**

_____	_____
_____	_____
_____	_____

**2) Emergency Contact Name** \_\_\_\_\_

**Emergency Contact Phone Number** \_\_\_\_\_

**3) Please Initial below:**

\_\_\_\_\_ Yes, I give my permission to leave messages regarding my test results, appointments, etc., at the following phone numbers \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ No, do not leave messages regarding my test results, appointments, etc.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

**NOTE: The above authorization remains effective until patient notifies practice in writing of any change.**

\*\*\*\*\*

**FOR OFFICIAL USE ONLY**

We attempted to obtain written acknowledgment of receipt of this **AUTHORITY TO RELEASE PRIVATE HEALTH INFORMATION** but could not because:

Individual refused to sign    Communication barrier    Care provided was emergent    Other: \_\_\_\_\_

Employee Name \_\_\_\_\_ Date \_\_\_\_\_



**PERIPHERAL VASCULAR DISEASE (PVD) SCREENING**  
**Tri-City Cardiology**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Peripheral Vascular Disease (PVD) is a common circulatory problem in which vessels carrying blood to the legs are not functioning well or become narrowed or clogged due to a build-up of plaque.

Fill out this questionnaire so your physician can evaluate whether you may be at risk or have symptoms of PVD.

**Please circle “Yes” or “No” on the following questions and check all boxes that apply:**

<p>1. Have you ever been diagnosed with Peripheral Vascular Disease or been diagnosed as having poor circulation? <span style="float:right">Yes No</span></p>	<p>6. If you have pain, does the pain subside with rest? <span style="float:right">Yes No</span></p>
<p>2. Have you ever had surgery, balloon procedures, or stents in your heart, kidneys, belly, legs, or arms? <span style="float:right">Yes No</span>          If yes, dates: _____</p>	<p>7. Do your feet or toes bother you most nights while lying in bed, with relief when they are dangled at the edge of the bed? <span style="float:right">Yes No</span></p>
<p>3. When you walk, do you experience aching, Cramping, or pain in your arms, legs, thighs, or buttocks? <span style="float:right">Yes No</span></p>	<p>8. Do you have any painful sores or ulcers on legs or feet that do not heal? <span style="float:right">Yes No</span></p>
<p>4. If you answered Yes to #3, when do you feel the pain:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> After walking 1 block</li> <li><input type="checkbox"/> Climbing a flight of stairs</li> <li><input type="checkbox"/> After walking 100 yards</li> <li><input type="checkbox"/> Walking at increased speed</li> </ul>	<p>9. Are your legs or arms pale, discolored, or bluish? <span style="float:right">Yes No</span></p>
<p>5. If you answered Yes to #3, circle the area(s) of the body on the diagram below where you feel pain.</p> <div align="center" data-bbox="332 1522 511 1890"> </div>	<p>10. Check all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I am a current smoker</li> <li><input type="checkbox"/> I have a history of smoking</li> <li><input type="checkbox"/> I have diabetes</li> <li><input type="checkbox"/> I have a family history of diabetes</li> <li><input type="checkbox"/> I have high cholesterol</li> <li><input type="checkbox"/> I have a family history of high cholesterol</li> <li><input type="checkbox"/> I have high blood pressure/hypertension</li> <li><input type="checkbox"/> I have a family history of high blood pressure/hypertension</li> <li><input type="checkbox"/> I have coronary artery disease (CAD)</li> <li><input type="checkbox"/> I have a family history of coronary artery disease</li> <li><input type="checkbox"/> I have had a stroke/mini-stroke/TIA</li> <li><input type="checkbox"/> I have a family history of stroke/mini-stroke/TIA</li> </ul>

