HEART & VASCULAR
CENTER OF SOUTH FLORIDA

PATIENT INFO

7777 Davie Road Ext, Suite 100B, Hollywood, FL 33024 ■ 1150 NW 35th Ave, Suite 240, Hollywood, FL 33021 ■ 603 N Flamingo Road, Suite 365, Pembroke Pines, FL 33028
Phone: 954-362-3426 Fax: 954-362-3432 info@myheartdoctorfl.com

Patient Information Form

Patient Type:

☐ New Patient ☐ Existing Patient

PATIENT INFORMATION

Patient Full Legal Name

Date of Birth (MM/DD/YYYY)

Address

Apt / Unit

City

State

ZIP Code

Home Phone #

Cell #

Email Address

Emergency Contact Name

Relationship

Emergency Contact Phone

Emergency Contact Cell

PRIMARY CARE DOCTOR (PCP)

PCP Doctor Name

Date of Last Visit

PCP Phone #

PCP Address

INSURANCE INFORMATION

Insurance Provider

Subscriber / Member #

Group #

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Insurance Phone # (back of card)

Insurance Address

PHARMACY

Preferred Pharmacy Name & Address

Pharmacy Phone #

Pharmacy Fax #

RACE / ETHNICITY (OPTIONAL)

Race:

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ American Indian / Alaska Native
- ☐ Native Hawaiian / Pacific Islander
- ☐ Other
- ☐ Decline to answer

Ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Decline to answer

Preferred Language:

- ☐ English
- ☐ Spanish
- ☐ Haitian Creole
- ☐ Other

AUTHORIZATION & ACKNOWLEDGMENT

I certify that the information provided above is true and accurate to the best of my knowledge. I authorize Heart & Vascular Centers of South Florida to contact me at the phone numbers and email address listed above for appointment reminders, test results, and other communications related to my care.

Patient Signature

Date (MM/DD/YYYY)