Fannin Tower Cardiology at Baylor College of Medicine
Fannin Tower, 6624 Fannin Suite 2480, Houston TX, 77030 Phone: 713-798-5570/Fax: 713-796-8186

Patient Registration

Today's Date ________________ For services at: ☐ CHI St. Luke's ☐ University General ☐ Clear Lake

Fannin Tower Cardiologist ____________________________ Referring MD _________________________

Patient's Name ___________________________, _________________________, _____________________

Last *First* *Middle*

Patient's Birthdate __________ __________ _________ Age__________ Gender M / F

Month *Day* *Year*

Patient address ____

City _________________________________ State _______________ Zip _____________

List as available E-mail ____

Patient Driver's License # ______________________ State: __________

Home Phone ____________________Cell Phone______________________ Work Phone # _________________

Insurance information: The following is vital to allow us to aid you in insurance claims, please circle one.

PPO HMO POS MEDICARE MEDICAID SELF-PAY

Primary Insurance Company: _____________________________ Phone: _________________________________

Primary Cardholder: ____________________________________Cardholder Birthday _____ _ _____ ________

Subscriber ID # _______________________________ Subscriber Group#: _________________________________

Secondary Insurance Company: ___________________________ Phone __________________________________

Secondary Cardholder: __________________________________Secondary Birthday ______ ________ _________

Subscriber ID #:_______________________________Subscriber Group # _________________________________

Relationship to patient (circle one) Self, Spouse, Dependent, Other ______________________________________

Emergency Contact Information

Contact _________________________Relationship____________Phone ________________________________

Contact _________________________Relationship____________ Phone ________________________________

AUTHORIZATION to Pay Benefits I hereby authorize payment of benefits directly to physician or Fannin Tower Cardiology for Surgical and/or medical services rendered I am aware of my responsibility to pay non-covered services.

Signature: _________________________________ Date: _________________________ Time:______________

Fannin Tower Cardiology at Baylor College of Medicine
Fannin Tower, 6624 Fannin Suite 2480, Houston TX, 77030 Phone: 713-798-5570/Fax: 713-796-8186

Patient Registration

Name: ______________________________ Birth date: __________ Age: _______Sex M/F Today's Date: __________

Height: _________ Weight _________ Referring Physician ____________________________ MD ☐ Self

Your Reason for visit:

Check any of the following known problems.

☐Heart attack What year(s) ___________

☐Angina how many year(s)_______

☐Heart murmur Year discovered_________

☐Palpitations ☐Fainting

☐Chest pains: ☐Occasional ☐Frequent

☐Shortness of breath

☐Heart failure How many years________

☐Leg cramps walking How many years_________

☐Blue fingertips or toes

Check any known heart risk factors:

High blood pressure: ☐Yes ☐No

High cholesterol: ☐Yes ☐No

High Triglycerides: ☐Yes ☐No

High blood sugar (diabetes): ☐Yes ☐No

Active smoker: ☐Yes ☐No

Previous smoker: ☐Yes ☐No

Overweight: ☐Yes ☐No

For Women: please check below

☐ Are you pregnant now

☐ Have you reached menopause

Check any previous Testing Done: Please add dates.

☐Stress Test

☐Nuclear Stress Test

☐Stress Echocardiogram

☐ Regular Echocardiogram

☐EKG within past 6 months

☐Heart Catheterization

☐Heart by-pass surgery

☐Heart artery balloon/stents

☐Leg artery balloon / stents

☐Neck artery balloons, stents or surgery

☐Leg artery surgery

☐Pacemaker or Defibrillator

☐Heart electrical procedures (ablation, surgery)

Leisure Activities:

____

Education Level: _________________________________

With whom do you live:___________________________

Any family history of heart disorders

Mother: ☐Alive ☐Deceased -- Cause _______________

Father: ☐Alive ☐Deceased --cause ________________

Other family health disorders:

____

____

Fannin Tower Cardiology at Baylor College of Medicine
Fannin Tower, 6624 Fannin Suite 2480, Houston TX, 77030 Phone: 713-798-5570/Fax: 713-796-8186

Patient Registration

Fannin Tower Cardiology will now fill all newly prescribed medications and refills electronically. Please complete the following information regarding your pharmacy so we may be able to provide you with your medications.

NOTE THAT ALL PRESCRIPTIONS WILL BE SUBMITTED WITHIN 48 HOURS

Patient Name: ____ Date of Birth: _____________________________

Physician: ____Home Zip Code: ___________________________

Pharmacy Name: ______________________________________ Pharmacy Phone: _________________________

List all current medications and place check marks by cardiac medications only needing refills.

☐ ______________________________ ☐ ______________________________

☐ ______________________________ ☐ ______________________________

☐ ______________________________ ☐ ______________________________

☐ ______________________________ ☐ ______________________________

☐ ______________________________ ☐ ______________________________

☐ ______________________________ ☐ ______________________________

☐ ______________________________ ☐ ______________________________

☐ ______________________________ ☐ ______________________________

I consent to Fannin Tower Cardiology reviewing my medication history to aid in providing my prescriptions and their refills.

Patient Signature: _______________________________________ Date: _________________________

TO BE COMPLETED BY PHYSICIAN

New medications prescribed at this visit:

____

____

Physician Signature: ____ Date: __________________

Fannin Tower Cardiology at Baylor College of Medicine
Fannin Tower, 6624 Fannin Suite 2480, Houston TX, 77030 Phone: 713-798-5570/Fax: 713-796-8186

Patient Registration

Patient Name: ___________________________ Date of Birth: ____________________ Date:__________________

Please circle any of the following conditions that you can identify with your current health.

General: fever, chills, sweat, anorexia, fatigue, malaise, weight change, leg swelling, dizziness, fainting, insomnia

Eyes: blurred vision, double vision (diplopia), irritation, visual loss, eye pain, sensitivity to light (photophobia), glaucoma, cataracts.

ENT: earache, ear infection, ringing in the ears (tinnitus), decreased hearing, nasal congestion, nosebleed, sore throat, hoarseness, difficulty swallowing (dysphagia), sinusitis

Cardiovascular: chest pains, palpitations, syncope, shortness of breath on exertion, shortness of breath at nigh (PND), peripheral edema, claudication, aneurysm, phlebitis

Respiratory: cough, shortness of breath, coughing up blood (hemoptysis), wheezing, asthma, hay fever, bronchitis, pneumonia, pleurisy, tuberculosis, lung cancer

GI: nausea, vomiting, diarrhea, constipation, hemorrhoids, abdominal pain, black stool (melena), blood stool (hematochezia), jaundice, heartburn, gallstones, ulcers, diverticulitis/diverticulosis, colon cancer.

GU: difficult or painful urination (dysuria), bloody urine (hematuria), urinary frequency, urinary hesitance, night time urination (nocturia), kidney stones, incontinence, vasectomy, prostate cancer, uterine cancer

Musculoskeletal: back pain, joint pain, joint swelling, muscle cramps, muscle weakness, muscle pains, stiffness, arthritis, osteoporosis, gout, bone cancer

Skin: rash, itching, dryness, suspicious lesions, psoriasis, actinic keratosis, basal cell cancer, squamous cell cancer

Neurologic: transient paralysis, weakness, tingling or burning sensation of the skin (paresthesia), seizures, syncope, tremors, vertigo, stroke, headache, migraines, and memory loss.

Psychiatric: depression, anxiety, mental illness, suicidal ideation, hallucinations, paranoia, PTSD

Endocrine: cold intolerance, heat intolerance, excess urination (polyuria), weight changes, diabetes, hypoglycemia, hyperthyroidism, hypothyroidism

Hematology/lymphatic: abnormal bruising, bleeding, enlarged lymph nodes, anemia, leukemia, lymphoma, breast cancer.

Allergic/Immunologic: hives (urticarial), persistent infection, HIV exposure

Past surgeries: ____

Known medical conditions or allergies:____

____

Fannin Tower Cardiology at Baylor College of Medicine
Fannin Tower, 6624 Fannin Suite 2480, Houston TX, 77030 Phone: 713-798-5570/Fax: 713-796-8186

Patient Registration

DEAR FANNIN TOWER CARDIOLOGY PATIENTS:

Fannin Tower Cardiology is now under new electronic management. Due to the ever-increasing rules and regulations by private insurance companies and Medicare, we are unable to continue many of our previous practices which were offered to everyone as a convenience.

As you know whenever you check into a hotel or rent a car, the first thing you are asked is a credit card, which is imprinted and used later to pay your bill. This is an advantage for both you and the hotel or rental company since it make checkout easier, faster, and more efficient.

We have implemented a similar policy. You will be asked or a credit card number at the time you check in. This information will be held strictly confidential and securely until your insurance companies have paid their portion of the bill and notified us of the amount of your share.

At that time, any remaining balance owed by you will be charged to your credit card, and a copy of this charge will be mailed to you.

This will be to your advantage; you no longer will have to write out or mail a check to Fannin Tower Cardiology. It will greatly decrease the number of statements that we have to generate and send out thus decreasing health care costs.

Co-pays due at the time of the visit will still be due at the time of the visit.

If you have any questions about this payment method, please do not hesitate to ask our billing supervisor Mrs. Karen La Fleur at 713-798-5570.

I authorize Fannin Tower Cardiology at Baylor College of Medicine to charge outstanding balances on my account on the following credit card: (Use the highlighter tool at the top of toolbar to select card type)

VISA MasterCard American Express Other

Credit card number: ____ Exp. Date: ___________

Card Verification Value Code (CVV): ______________

Name on credit card: ____

Fannin Tower Account number: ____

Signature: ____

Thank you,

Fannin Tower Cardiology