#### **Contact/Insurance Info**



	MRN:	
email:		

Patient Name:				
Nombre del paciente:	Last/ Apellido	First/ Nombre		MI/ Segundo nombre
Date of Birth:			Male Female	
Fecha de nacimiento:			masculino femenino	
Social Security No Numero de Seguro Social		Marital Status: Single Soltero(a)	Married Widowed Casado(a) viudo(a)	Divorced divorciado(a)
Address:				
Dirección:	Street/ Calle	City/ Ciudad		Zip/ Area postal
Home Phone No. (	) –	Cell Phone/Work Phone No. (	)	_
Teléfono de casa:		Teléfono de cellular/Numero de trabajo:		
Emergency Message Phone: Número de teléfono de emerency	()	<del>-</del>		
Emergency Contact:		Re	elationship:	
Contacto de emergencia		Rel	lación:	
Name of Spouse: Nombre de esposo(a):		Phone: (	( ) teléfono:	
Address (If different than above): _				
Dirección:	Street/ Calle	City/ Ciudad		Zip/ Area postal
Responsible Party:				
Address:				
Employer Name:Nombre del empleador:				
Address:				
Dirección:				
<b>Primary Insurance Carrier:</b> _ Nombre de aseguranza primaria:				
<b>Subscriber Identification #:</b> Número de identificación del suscriptor	:			
Subscriber Name:				
Nobre del suscriptor:				
Referred By:				
Primary Physician:				

## **Atul Aggarwal MD Cardiology Clinic**

## **HEALTH APPRAISAL QUESTIONNAIRE**

Marital Status: Single Married Widowed Divorced Softenola) Casadola) viudo(a) divorciado(a) Referred by: Referred by: Referred by: Referred por: Primary Medical Doctor: Doctor de cabecura: What is your chief complaint or referral: Cucil et la quelp principal or referredad: History of Present Illness: History of Present Illness: History of Present Illness: Histerismo de la enfermedad actual:  Have you or are you now experiencing any of the following? Tilnes o ests experimentando alguno de los siguientes? Sifves No Pressure or pain in the chest, arms, neck? Pressure or pain in th	Patient Name:		MRN:	<b>Date:</b> Fecha:	
Martial Status: Single Married Widowd Divorced Softero(a) Casado(a) viudo(a) divorciado(a)  Referred by: Refe	·	Age:	Sex: Male Female	e <b>Weight:</b>	Height:
Referred by: Refer					
Neterinary por Primary Medical Doctor: Doctor de cabecera:  Cual es la queja principal o referencia:  What is your chief complaint or referral: Cual es la queja principal o referencia:  History of Present Illiness: Histerismo de la enfermedad actual:  Have you or are you now experiencing any of the following? Ticnes o estals experimentando alguno de los sigulentes?  Pressure or pain in the chest, arms, neck?					
What is your chief complaint or referral:  Cual es la queja principal o referencia:  History of Present Illness:  Silves No  Swelling of ankles, feet, or stomach?  Towliopies, oestopame hinchedo?  Pain, disconfort, or cramping in legs when walking?  Dolor, natestar, calambres en los pies al canimar?  Papin, disconfort, or cramping in legs when walking?  Dolor, natestar, calambres en los pies al canimar?  Papin, disconfort, or cramping in legs when walking?  Dolor, natestar, calambres en los pies al canimar?  Peredida temporal obtended in habia?  With activity? con actividad?  Present Activity? Con actividad?  With	Referred by: Referido por:				
History of Present Illness: Histerismo de la enfermedad actual:  Have you or are you now experiencing any of the following? Times o estàs experimentando alguno de los siguientes?  Pressure or pain in the chest, arms, neck? Pressure or pain in the chest, arms, neck?  Pressure or pain in the chest, arms, neck?  Pressure or pain in the chest, arms, neck?  Pressure or pain in the chest, arms, neck?  Pressure or pain in the chest, arms, neck?  Pressure or pain in the chest, arms, neck?  Pressure or pain in the chest, arms, neck?  Tovillopies, os tosogamo hinchado?  Pain, discomfort, or cramping in legs when walking?  Dolor, nalestar, claimbres en los pies al caminas?  Palpitations, fast, skipped, or irregular heartbeats?  Pedida temporal o alteracion al habbar?  Temporary weakness of one side of body?  Difficulty breathing? Discutada i resplar?  With a thirtyl? con activided?  When lying flat? Coando se pone plano?  Current/Past Medical History  Current/Past Medical History  Current/Past Medical History  Currenty disease? Enfermedad aneria  Heart Attack/Anque a Longacio  Cardiac catheter/zation/angiogram/ Cattertzación cardiaca  Bypass Surgery-cinagia de derivacion  Month/Year  Defibrillator //Josifichidador  Pacemaker //Marcapasio  Congestive Heart Fallure/Insuficiencia cardiaca congestiva  Heart Murmuf/Sopio cardiaca  Heart Murmuf/Sopio cardiaca  Heart Valve Surgery-(zinugia de devilvalica ardiaca  Stroke/Derame cerebral  Month/Year  Mon	Primary Medical Doctor: Doctor de cabecera:				
Histerismo de la enfermedad actual:  Have you or are you now experiencing any of the following?  Titenes o estás experimentando alguno de los siguientes?  Pressure or pain in the chest, arms, neck?  Towillapies, o estogamo hinchado?  Pain, discomfort, or cramping in legs when walking?  Dolor, nelestas, calembres en los pies al caminar?  Pain, discomfort, or cramping in legs when walking?  Dolor, nelestas, calembres en los pies al caminar?  Temporary loss or disturbance of speech?  Perdida temporar of disturbance of speech?  Perdida temporar de un solo lado del cuerpo?  Other:  Current/Past Medical History  Current/Past Medical History  Coronary artery disease/ Enfermedad arteria  Heart Attack/Anque al conzon  Month/Year  Month/Y	What is your chief complaint or referral: _ Cuál es la queja principal o referencia:				
Zītenes oe stás experimentando alguno de los isquientes?  Sir/es No Pressure or paín in the chest, arms, neck?  Pression do dor en el pecho, brazos, cuello?  Dizziness, lightheadedness, blackouts, or fainting marea, aturiniento, desmayo?  Palpitations, fast, skipped, or irregular heartbeats?  Perdudatemporal oaltexedor, farebastanian?  Temporary bast alamina?  Temporary bast ala					
Tilenes o estás experimentando alguno de los siguientes?  Pressure or paín in the chest, arms, neck?  presión o dolor en el pecho, brazos, cuello?  Dizziness, lightheadedness, blackouts, or fainting marce, aturimento, desmayo?  Palpitations, fast, skipped, or irregular heartbeats?  Palpitations, fast, skipped, or irregular heartbeats.  Pal					
Pressure or pain in the chest, arms, neck? presion o dolor en el pecho, brazos, cuello? Dizziness, lightheadedeness, blackouts, or fainting mareo, aturimiento, desmayo? Palpitations, fast, skipped, or irregular heartbeats? palpitaciness, radio, saleado, irregular? Difficulty breathing? Dificultad al respirar? With activity? Con actividad? When lying flat? Cuando se pone plano?  Current/Past Medical History Current/Past Medical History Si/Yes No Current/Past Medical History Current/Past Medical History Si/Yes No Month/Year Heart Attack/Ataque al corazón Angioplasty/stent / Angioplastia Defibrillator / Dishbrilador Pacemaker / Marcapasio Congestive Heart Failure/insuficiencia cardíaca congestiva Heart Murmur/Soplo cardíaca Heart Alturmur/Soplo cardíaca Heart Alturmur/Soplo cardíaca Heart Alturmur/Soplo cardíaca Heart Wurmur/Soplo cardíaca Honth/Year Heart Murmur/Soplo cardíaca Honth/Year Month/Year Mont		of the followi	ng?		
presión o dolor en el pecho, brazos, cuello?  Dizziness, lightheadedness, blackouts, or fainting mareo, aturimiento, desmayo?  Palipitations, fast, skipped, or irregular heartbeats? palpitaciones, rapido, salteado, irregular?  Difficulty breathing? Dificultad at respirar?  With activity? Con actividad?  When lying flat? Cuando se pone plano?  Current/Past Medical History  Current/Past Medical History  Coronary artery disease/ Enfermedad arteria Heart Attack/Ataque al corazón  Cardiac catheterization/Angioplastia  Defibrillator / pischiaidor  Pacemaker /Marcapaso  Congestive Heart Fallure/insuficiencia cardíaca congestiva Heart Walve Surgeny/Crugia de valvula cardíaca  Month/Year  Heart Walve Surgeny/Crugia de valvula cardíaca  Month/Year  M	•	Sí/Yes No			Sí/Yes No
Palpitations, fast, skipped, or irregular heartbeats? Perdida temporal oateracion al hablar? Perdida temporal oateracion al hablar? Temporary weakness of one side of body? Divilidad temporar de un solo lado del cuerpo? Other:  Current/Past Medical History Current/Past Medical History Coronary artery disease/ Enfermedad arteria Heart Attack/Ataque al corazón Cardiac catheterization/angiogram/ Cateterización cardiaca Bypass Surgerycirugia de derivación Angioplasty/stent /Angioplastia Defibrillator /Disfuhilador Pacemaker /Marcapaso Congestive Heart Fallure/Insuficiencia cardiaca congestiva Heart Valve Surgery/Cirugia de válvula cardiaca Heart Valve Surgery/Cirugia de válvula cardiaca Month/Year Month/			Tovillo,pies, o estogamo hino	chado?	
Difficulty breathing? Difficultad al respirar? With activity? Con actividad? When lying flat? Cuando se pone plano?  Current/Past Medical History  Current/Past Medical History  Current/Past Medical History  Coronary artery disease/ Enfermedad arteria Heart Attack/Ataque al corazón  Cardiac catheterization/angiogram/ Cateterización cardíaca  Bypass Surgery/cirugia de derivación  Defibrillator / Disfibrilador  Pacemaker / Marcapaso  Congestive Heart Fallure/Insuficiencia cardíaca  Heart Marwary/Soplo cardíaca  Heart Marwary/Soplo cardíaca  Heart Walve Surgery/Cirugia de válvula cardíaca  Stroke/Derame cerebral  Mini Stroke/TlA /Ataque isquemico transitorio  Peripheral Ventricular Disease / Enfermedad Ventricular periférica  Blood clots (lungs Legs) / Quaholos (pulmones, piernas)  Month/Year					valking?
With activity? Con actividad? When lying flat? Cuando se pone plano?  Current/Past Medical History  Current/Past Medical History  Coronary artery disease/ Enfermedad arteria Heart Attack/Ataque al corazón  Angloplasty/stent /Angloplastia  Defibrillator /Disfibrilador  Pacemaker /Marcapaso  Congestive Heart Failure/Insuficiencia cardíaca ongestiva Heart Valve Surgery/Cirugía de valvula cardíaca  Wonth/Year  Heart Valve Surgery/Cirugía de válvula cardíaca  Wonth/Year  Heart Valve Surgery/Cirugía de válvula cardíaca  Wonth/Year  Heart Walve Surgery/Cirugía de válvula cardíaca  Wonth/Year	Palpitations, fast, skipped, or irregular heartbeats? palpitaciones, rapido, salteado, irregular?				
Current/Past Medical History Current/Past Medical History Current/Past Medical History Coronary artery disease/ Enfermedad arteria Heart Attack/Ataque al corazón Heart Attack/Ataque al corazón Month/Year Cardiac catheterization/angiogram/ Cateterización cardíaca Bypass Surgery/cirugia de derivación Angioplasty/stent /Angioplastia Defibrillator /Disfibrilador Pacemaker /Marcapaso Congestive Heart Failure/Insuficiencia cardíaca congestiva Heart Murmur/Soplo cardíaca Heart Murmur/Soplo cardíaca Heart Murmur/Soplo cardíaca Heart Valve Surgery/cirugia de válvula cardíaca Stroke/Derrame cerebral Mini Stroke/Tla /Ataque isquemico transitorio Peripheral Ventricular Disease /Enfermedad Ventricular periférica Blood clots (lungs Legs) /Quaholos (pulmones, piernas) Month/Year Heypertension /Alta prescion High Cholesterol/Colesterol alto Diabetes /Diabetes Cancer (specify) Month/Year  Hospitalizations:  Hospitalizations:  Mospitalizations:	With activity? Con actividad?		Divilidad temporar de un sol	lo lado del cuerpo?	
Current/Past Medical History Coronary artery disease/ Enfermedad arteria Heart Attack/Ataque al corazón Cardiac catheterization/angiogram/ Cateterización cardíaca Bypass Surgery/cirugía de derivación Angioplasty/stent /Angioplastia Defibrillator /Disfibrilador Pacemaker /Marcapaso Congestive Heart Failure/Insuficiencia cardíaca congestiva Heart Murmur/Soplo cardíaca Heart Warmur/Soplo cardíaca Heart Warwar/Soplo cardíaca Heart Valve Surgery/Cirugía de válvula cardíaca Stroke/Derrame cerebral Mini Stroke/TIA /Ataque isquemico transitorio Peripheral Ventricular Disease /Enfermedad Ventricular periférica Blood clots (lungs Legs) /Quaholos (pulmones, piernas) Aneurysm/Aneurisma Hypertension /Alta prescion High Cholesterol/Colesterol alto Diabetes Diabetes Diabetes Diabetes Uista al surgeries: Lista todas las cirugías: Hospitalizations:	Current/Past Medical History	Sí/Yes No			
Coronary artery disease/ Enfermedad arteria Heart Attack/Ataque al corazón Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year	•				
Month/Year Cardiac catheterization/angiogram/ Cateterización cardíaca Bypass Surgery/cirugía de derivación Angioplasty/stent /Angioplastia Defibrillator /Disfibrilador Pacemaker /Marcapaso Congestive Heart Failure/insuficiencia cardíaca congestiva Heart Murmur/Soplo cardíaca Heart Murmur/Soplo cardíaca Heart Walve Surgery/Cirugía de válvula cardíaca Stroke/Derrame cerebral Mini Stroke/TIA /Ataque isquemico transitorio Peripheral Ventricular Disease /Enfermedad Ventricular periférica Blood clots (lungs Legs) /Quaholos (pulmones, piernas) Aneurysm/Aneurisma Hypertension /Alta prescion Month/Year Diabetes /Diabetes /List all surgeries: // List all surge	•				
Cardiac catheterization/angiogram/ Cateterización cardiaca  Bypass Surgery/cirugia de derivación Angioplasty/stent / Angioplastia Defibrillator / Disfibrilador Pacemaker / Marcapaso Congestive Heart Failure/insuficiencia cardiaca congestiva Heart Murmur/Soplo cardiaca Heart Murmur/Soplo cardiaca Heart Valve Surgery/Cirugia de válvula cardiaca Heart Valve Surgery/Cirugia de válvula cardiaca Honth/Year Stroke/Derrame cerebral Mini Stroke/TIA / Ataque isquemico transitorio Peripheral Ventricular Disease / Enfermedad Ventricular periférica Blood clots (lungs Legs) / Quaholos (pulmones, piernas) Month/Year Aneurysm/Aneurisma Hypertension / Alta prescion Month/Year Diabetes / Diabetes Anothy/Year Diabetes / Diabetes List all surgeries: Lista todas las cirugías:  Month/Year					
Angioplasty/stent /Angioplastia Angioplasty/stent /Angioplastia Angioplasty/stent /Angioplastia Angioplasty/stent /Angioplastia Angioplasty/stent /Angioplastia Anonth/Year Anexemaker /Marcapaso Anonth/Year Anonth/Year Anonth/Year Heart Murmur/Soplo cardiaca Heart Walve Surgery/Cirugia de válvula cardiaca Heart Valve Surgery/Cirugia de válvula cardiaca Month/Year Month/Year Mini Stroke/Derrame cerebral Mini Stroke/TIA /Ataque isquemico transitorio Peripheral Ventricular Disease /Enfermedad Ventricular periférica Blood clots (lungs Legs) /Quaholos (pulmones, piernas) Aneurysm/Aneurisma Month/Year Hypertension /Alta prescion High Cholesterol/Colesterol alto Diabetes /Diabetes Lista todas las cirugias:  Hospitalizations:  Month/Year	•	díaca			
Angioplasty/stent /Angioplastia Defibrillator /Disfibrilador Pacemaker /Marcapaso Congestive Heart Failure/Insuficiencia cardíaca congestiva Heart Murmur/Soplo cardíaca Heart Walve Surgery/Cirugía de válvula cardíaca Month/Year Mini Stroke/Derrame cerebral Mini Stroke/Derrame cerebral Month/Year Peripheral Ventricular Disease /Enfermedad Ventricular periférica Blood clots (lungs Legs) /Quaholos (pulmones, piernas) Month/Year Aneurysm/Aneurisma Hypertension /Alta prescion High Cholesterol/Colesterol alto Diabetes /Diabetes Cancer (specify) Month/Year  List all surgeries: Lista todas las cirugías:  Monthalizations:					
Defibrillator /Disfibrilador Pacemaker /Marcapaso Congestive Heart Failure/Insuficiencia cardíaca congestiva Heart Murmur/Soplo cardíaca Heart Valve Surgery/Cirugía de válvula cardíaca Honth/Year Heart Valve Surgery/Cirugía de válvula cardíaca Stroke/Derrame cerebral Month/Year Mini Stroke/TIA /Ataque isquemico transitorio Peripheral Ventricular Disease /Enfermedad Ventricular periférica Blood clots (lungs Legs) /Quaholos (pulmones, piernas) Aneurysm/Aneurisma Hypertension /Alta prescion High Cholesterol/Colesterol alto Diabetes /Diabetes Cancer (specify) Month/Year  List all surgeries: Lista todas las cirugías:  Month/Year	Angioplasty/stent /Angioplastia				
Pacemaker //Marcapaso Congestive Heart Failure/Insuficiencia cardíaca congestiva Heart Murmur/Soplo cardíaca Heart Valve Surgery/Cirugía de válvula cardíaca Heart Valve Surgery/Cirugía de válvula cardíaca Month/Year Stroke/Derrame cerebral Mini Stroke/TIA //Ataque isquemico transitorio Month/Year Peripheral Ventricular Disease /Enfermedad Ventricular periférica Blood clots (lungs Legs) //Quaholos (pulmones, piernas) Month/Year Aneurysm/Aneurisma Hypertension //Alta prescion High Cholesterol/Colesterol alto Diabetes Cancer (specify Other Month/Year	Defibrillator /Disfibrilador				
Month/Year Heart Murmur/Soplo cardíaca Heart Valve Surgery/Cirugía de válvula cardíaca Stroke/Derrame cerebral Mini Stroke/TIA /Ataque isquemico transitorio Peripheral Ventricular Disease /Enfermedad Ventricular periférica Blood clots (lungs Legs) /Quaholos (pulmones, piernas) Aneurysm/Aneurisma Hypertension /Alta prescion High Cholesterol/Colesterol alto Diabetes /Diabetes Cancer (specify) Other  Month/Year	Pacemaker /Marcapaso		Month/Year		
Heart Murmur/Soplo cardíaca Heart Valve Surgery/Cirugía de válvula cardíaca Month/Year Mini Stroke/Derrame cerebral Month/Year Mini Stroke/TIA /Ataque isquemico transitorio Peripheral Ventricular Disease /Enfermedad Ventricular periférica Blood clots (lungs Legs) /Quaholos (pulmones, piernas) Month/Year Aneurysm/Aneurisma Hypertension /Alta prescion High Cholesterol/Colesterol alto Diabetes /Diabetes Cancer (specify) Month/Year Dither  Month/Year  Diabetes /Diabetes  Cancer (specify) Month/Year  Diabetes /Diabetes  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year	Congestive Heart Failure/Insuficiencia cardíaca congestiv	a 📗			
Heart Valve Surgery/Cirugía de válvula cardíaca  Stroke/Derrame cerebral  Mini Stroke/TIA /Ataque isquemico transitorio  Peripheral Ventricular Disease /Enfermedad Ventricular periférica  Blood clots (lungs Legs) /Quaholos (pulmones, piernas)  Aneurysm/Aneurisma  Hypertension /Alta prescion  High Cholesterol/Colesterol alto  Diabetes  Cancer (specify)  Other  Month/Year	Heart Murmur/Soplo cardíaca				
Month/Year	Heart Valve Surgery/Cirugía de válvula cardíaca				
Mini Stroke/TIA /Ataque isquemico transitorio Peripheral Ventricular Disease /Enfermedad Ventricular periférica Blood clots (lungs Legs) /Quaholos (pulmones, piernas) Month/Year Aneurysm/Aneurisma Hypertension /Alta prescion High Cholesterol/Colesterol alto Diabetes /Diabetes Cancer (specify) Month/Year Dither  Hospitalizations:  Month/Year	Stroke/Derrame cerebral				
Aneurysm/Aneurisma Hypertension /Alta prescion High Cholesterol/Colesterol alto Diabetes Cancer (specify) Dither  List all surgeries: Lista todas las cirugías:  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Month/Year	Mini Stroke/TIA /Ataque isquemico transitorio				
Aneurysm/Aneurisma Hypertension /Alta prescion High Cholesterol/Colesterol alto Diabetes /Diabetes  Cancer (specify) Dither  List all surgeries: Lista todas las cirugías:  Month/Year Month/Year Month/Year Month/Year Month/Year Month/Year Month/Year Month/Year Month/Year  Month/Year  Month/Year  Month/Year	Peripheral Ventricular Disease /Enfermedad Ventricular p	periférica 📗 📗	Month/Year		
Hypertension /Alta prescion High Cholesterol/Colesterol alto Diabetes /Diabetes  Cancer (specify)  Month/Year Month/Year  Month/Year  Month/Year  Month/Year  Month/Year  Hospitalizations:	Blood clots (lungs Legs) /Quaholos (pulmones, piernas)		Month/Year		
High Cholesterol/Colesterol alto Diabetes /Diabetes   Month/Year   Mon	•				
Diabetes /Diabetes   Month/Year   Month/Yea					
Cancer (specify)	_				
Month/Year List all surgeries: Lista todas las cirugías:  Hospitalizations:					
List all surgeries:ista todas las cirugías: Hospitalizations:					
Lista todas las cirugías:  Hospitalizations:	Other		Month/Year		
Hospitalizations:					
Hospitalizations:					
	Hospitalizations: A estado hospitalizado y porque?				

## **Atul Aggarwal MD Cardiology Clinic**

# HEALTH APPRAISAL QUESTIONNAIRE

Patient Name: Nombre del paciente							i <b>te:</b> _ :ha:		
Social History	•					160	iia.		
Tobacco use:	Current use:	YES	No No	If yes, amount: _ cantidad de uso:	/d	lay How	/ lon	g? o tiempo?	
Uso(a) Tabaco:	If history of sm cuando paro de fu	Si noking in mar:			/d	por	cuanu	o tiempo?	
Alcohol use: Consume alcolhol:	Current use:	YES Si	No No	Ounces/week Onzas pr semana	Liquor:	Win	e:	Beer: Cervesa:	
Street Drugs: Consume drogas:	Marijuana	YES Si	No No	ı					
Caffeine: Cafeina:	Current use:	YES Si	No No	Type Tip:	Amount/da Cuanot al dia:	y:			
Family History: Historia familiar	Yes No Si No		Membe	r:		Ye: Si	No No	Family Member:	
Heart Disease Enfermedad cardiaca					High Blood Pressure Altra Precion	-	-		
Bypass Surgery Cirugía de derivación					Stroke Derame Cerebral				
Heart Attack (age Infarto	under 60)				Cancer				
High Cholesterol Alto cholesterol					Diabetes				
Review of syste Do you currently, of ¿actualmente o has te	or have you ever l			in the following ar reas?	reas?				
General				Si/Yes No	Pulmonary			S	i/Yes No
Weight loss/gain p Tire easily, weakne	-	-		d	Asthma Asma	onguitic	crón	ica	
fire easily, weakile	ess cansado rapid	amente/ u	ebilida	u <b>=</b> =	Chronic Bronchitis bro	oriquitis	CIOII	iCd	= =
Head/Neck					Wheezing/sibilancias				
Headache Dolor d	e cabeza				Chronic Bronchitis				
Migraine Migraña					Emphysema				
Lumps in neck					Wheezing				
Goiter					Chronic Cough/Tos ci	rónica			
Blocked arteries in	n neck				Valley Fever/Fiebre de	el Valle			
Nuerologic					Tuberculosis				
Seizures disorder					Gastrointestinal				
Epilepsy					Poor Appetite poco a	notito			
Numbness/weakn	ess in arms/legs				Diarrhea diarrea	petito			==
Problems with spe	_			-	Constipation/estreñir	miento			
Even/Enve/Ninco/7	Thuast				Indigestion/indigesti	ón			
Eyes/Ears/Nose/T	Inroat				Heartburn				
Cataract					Colitis				
Blurred Vision					Diverticulitis				
Double vision				111	Ulcers/acidez		_		
Sinus congestion					Intestinal Bleeding/sa	angrado	ıntes	tınal	
Dry Mouth/throat					Hiatal Hernia				
Hoarseness					Liver Disease				
Hearing Loss					Hepatitis	/al:E - 1:	اللي		
Ringing in the ears	S				Difficulty Swallowing	/aificulta	ad al	pasar comida/vevida	
Vertigo					Endocrine				
Allergies/Hay feve	r				Thyroid Problems/pro	blemas	de la	tiroides	
- /					Diabetes				

## **Atul Aggarwal MD Cardiology Clinic**

# HEALTH APPRAISAL QUESTIONNAIRE

Genitourinary Blood in urine/ Sangre en la orina Pain during Urine/dolor durante la orina Incontinence/perdida involuntario de orinar Difficulty in urination/dificultad al orinar  Musculoskeletal Back pain /Dolor de espalda Joint Pain /Dolor de coyenturas Difficulty walking /dificultad al caminar	Si/Yes No	F E S F C	Skin Rash/Ronchas Easy bruising /Moretones Scaling/Escalamiento  Psychiatric Depression/Deprecion Anxiety/Anciedad Suicidal thought /Pensamientos suicidos	Si/Yes No
Medication History				
Have you been vaccinated for influenza? Esta vacunado contra la influensa Have you been vaccinated for pneumonia? Esta vacunado contra la neumonía Do you have any drug allergies?	Yes/Si Yes/Si Yes/Si	No No No	Name of meds that you are allergic to	
Tiene alergias a medicamentos  Are you allergic to:  Yodo/lodine:  Aspirina/Aspirin:  Mariscos/Seafood:  Penicilina/Penicillin:  Yes /Si  Medications take at home:  Lista de todos los medicamentos que toma:	No No No No		Nombre(s) de las medicinas que es alergico	0
		_		
		_		
		_		
		_		
		_		
		_		
		_		
		_		
		_		
		_		
		_		



### **AUTHORIZATION FOR USE OR DISCLOSURE OF PERSONAL HEALTH INFORMATION**

ysician, Hospital, or Health Care Provider	
inic, 1018 Calloway Drive, Bakersfie	ld CA 93312,
medical records and information pe	ertaining to medical history,
ment of	
First	MI
Social Security No	
<u> </u>	7:
City	Zip
n at my request	
closed on my behalf:	
•	
t = OLNG	
0	
1	First  Social Security No



	e.						
understand that I may revoke this authorization at any time by sending a written request to:							
tul Aggarwall MD Cardiology Clinic 018 Calloway Drive akersfield CA 93312							
The fact that I revoke this authorization will not affect actions taken while and that Atul Aggarwal MD Cardiology Clinic will not sign this authorizat disclosed pursuant to this be considered protected health information. I authorization.	tion. I understand that Information						
Signature of Member/ Firma del paciente	 Date/ Fecha						
<b>Guardians and legal Representatives:</b> If signing as a guardian or legal remember, the following information must be completed. If signing as a legal	•						
care power of attorney, a court order, or other legal documentation demons representative to act on the member's behalf must be attached.							
representative to act on the member's behalf must be attached.							
representative to act on the member's behalf must be attached.  Full Name of legal representative:							
representative to act on the member's behalf must be attached.  Full Name of legal representative:  Legal relationship to member:							
representative to act on the member's behalf must be attached.  Full Name of legal representative:  Legal relationship to member:							



#### **Assignment of Benefits**

I hereby assign to Atul Aggarwal MD Cardiology Clinic all medical and/or surgical benefits to which Atul Aggarwal MD Cardiology Clinic is due for my bill. By signing below, I am consenting that payments from authorized Medicare, Medicaid, Government and any other insurance or third-party benefits can be made on my behalf, and/or on behalf of all members covered under my insurance plan, directly to Atul Aggarwal MD Cardiology Clinic for services provided. This assignment will remain in effect until revoked by myself. I understand that I am financially responsible for all charges whether or not paid by my insurance. I agree to pay all the costs of collection, including, but not limited to, reasonable attorneys' I hereby authorize said assignee to release all information necessary to secure payment of said benefits.

Date:	Patient Signature:	
Fecha	Firma del paciente:	
	<u> </u>	
	Medicare Assig	nment
If you have Medicare, plea	ase sign the following:	
Clinic for any services furr	nished to me by that physician or supplier. I au Medicare and Medicaid Services and its agen	r to me or on my behalf to Atul Aggarwal MD Cardiology uthorize any holder of medical information about me to ts any information needed to determine these benefits
claim. If other health insu forms or electronically sul In Medicare assigned case full charge, and the patien	rance coverage is indicated in item 9 of the Cl bmitted claims, my signature authorizes relea es, the physician or supplier agrees to accept 1	izes release of medical information necessary to pay the MS-1500 claim form or elsewhere on their approved claim sing of the information to the insurer or agency shown. the charge determination of the Medicare carrier as the isurance, and non-covered services. Co-insurance and the carrier.
Patient Signature:		Date:
Firma dei paciente:		Fecha
Name of signing party: _		
Address of signing party	:	
Relationship of patient: _		
	sign:	
·		
	Content to release i	nformation
·		mation to any referring physician, agency or insurance
company(s) I have listed of	on the Patient Information Form.	
Patient Signature:		Date:
Firma del paciente:		Fecha

For a copy of this financial policy document, please request a copy from our receptionist.



#### **NOTICE ABOUT OPEN PAYMENTS DATABASE**

farmacéuticas y productoras de dispositivos de salud a médicos y hospitals docentes cms.gov.	
Firma del Paciente:	Fecha
Firma del Representante:	Fecha



### **RELEASE OF INFORMATION TO SPECIFIC INDIVIDUALS**

Patient Name: _			Da <sup>1</sup>	te of Birth:	
Nombre del paciente:				a de nacimiento:	
	ormation/Toda				
	offilation/ foda	IIIIOIIIIaC	on.		
OR/O					
Limite	ed information,	as furthe	r described/Informacion limitada:		
To the following i	individuals/A lo	s individu	ales seguidos:		
1					
	Name,	/Nombre		Relationship/Relacion	
2					
2	Name,	/ Nombre		Relationship/ Relacion	
				,	
3					
	Name,	/Nombre		Relationship/Relacion	
			Message Delivery of information		
I authorize Atu	l Aggarwal MD	Cardiolog	y Clinic, its physicians and employees to leave	messages regarding:	
Any ir	nformation (inc	luding tes	st results)/toda informacion incluso resultados		
OR/O					
	ed information.	as furthe	r described/informacion limitada, explique:		
At the following բ	phone number	(s) listed b	elow/En los siguientes números telefónicos.		
Home/Casa:	YES/SI	■NO	Number:		
Cellular:	YES/Si	■NO	Number:		
		_			
Work Trabajo:	YES/SI	NO	Number:		





The purpose of this release is to disclose the protected health information at my request. I understand that this authorization will remain in effect for one year from the date of signature. I also understand that I may revoke this authorization for Release of Medical Information at any time by sending a written request to:

The face that I revoke this authorization will not affect actions take while the authorization was in effect, before the revocation

Atul Aggarwall MD Cardiology Clinic 1018 Calloway Drive Bakersfield CA 93312

is received. I understand that this authorization is voluntary and that Atul Aggarwal MD cardiology Clinic will not condition treatment, payment, enrollment, or eligibility for benefits upon whether I sign this authorization. I understand that information disclosed pursuant to this authorization could be subjected to re-disclosure by the recipient and might no longer be considered protected health information. I am entitled to a copy of this authorization.					
Signature of Member	Date				
<b>Guardians and Legal Representatives:</b> If singing as a guardian or legal reinformation must be completed. If signing as a legal representative, a copylegal documentation demonstrating your authority as a legal representati	y of a health care power attorney, a court order, or other				
Full Name of legal representative:					
Legal relationship to member:					
Signature of Representative	 Date				



### **HIPAA NOTICE OF PRIVACY PRACTICES**

#### **Acknowledgment of Written Consent/Authorization**

I hereby give consent/authorization to Atul Aggarwal MD Cardiology Clinic to use or disclose, either verbally or in-writing, my protected health information for the purposes described in this Notice of Privacy Practices.

I further acknowledge that the Atul Aggarwal MD Cardiology Clinic has provided me a copy of its Notice of Privacy Practices, which provides a detailed description of the uses and disclosures allowed by this consent, as well as other rights I have regarding my PHI.

Signature of Patient or Legal Guardian	Date
Print name of Patient	Patient Date of Birth
Print Name of Parent of Legal Guardian	



### **HIPAA Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of Atul Aggarwal MD Cardiology Clinic (the "Clinic") and your legal rights regarding your protected health information held by the Clinic under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This notice of privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control of your protected health information. "Protected Health Information" ("PHI") is individually identifiable health information, including demographic information, collected from you or created by a health care provider, that relates to (1) your past, present, or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you.

#### Our Responsibilities. We are required by law to:

- Maintain the privacy of your PHI;
- Provide you with certain rights with respect to your PHI;
- · Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your **PHI** that we maintain, as allowed or required by law.

**Uses and Disclosures of Protected Health Information:** Your **PHI** may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, billing for services provided,, to supporting the operation of the physician's practice, and any other use required by law.

**For Treatment:** We may use or disclose your **PHI** to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. *For example, the clinic might disclose information about you to a another physician who is treating you.* 

**For Payment:** We may use or disclose your **PHI** to facilitate payment for the treatment and services you receive. For example, the Clinic may tell your health insurance plan about treatment to obtain approval or to determine whether your plan will pay for the treatment.

**For Health Care Operations:** We may use and disclose your **PHI** for other health care operations. These uses and disclosures are necessary to run the Clinic. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. *For example, the Clinic may use and disclose your protected health information to medical students involved in direct patient care in our office. In addition, we may use a sign-in sheet at the registration desk to obtain your name and physician. We may also call you by name in the waiting room when you are being escorted to the back office.* 



**To Business Associates:** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use, or disclose your **PHI**, but only after they agree in writing with use to implement appropriate safeguards regarding your **PHI**.

**Disclosures to you:** When you request, we are required to disclose to you certain portions of your **PHI**. We are also required, when requested, to provide you with an accounting of most disclosures of your **PHI** where the disclose was for reasons other than for payment, treatment or health care operations, and where the protected **PHI** not disclosed pursuant to your individual authorization.

**For Appointment Reminders and Other Health information:** The Clinic may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Special situations:** We may use or disclose your **PHI** in certain situations when required by state or federal law without your authorization. These situations include:

As required by Law: Public Health issues as required by law; Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners; Medical Examiners; Funeral Directors; Organ Donation; Research; Criminal activity, Military Activity; National Security; Worker's Compensation; Inmates required Uses and Disclosures; Government Audits.

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 CFR Subpart E.

**Personal Representatives:** We will disclose your **PHI** to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the Privacy Rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- 1. You have been, or may be, subjected to domestic violence, abuse or neglect by such person;
- 2. Treating such person as your personal representative could endanger you; or
- 3. In the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**Authorizations:** Other uses or disclosures of your **PHI** not described above will only be made with your written authorization. Uses and disclosures of **PHI** for marketing purposes, and disclosures that constitute a sale of **PHI** require authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon written authorization and prior to receiving your written revocation.

Your rights: The Following is a statement of your rights with respect to your PHI:

**You have the Right to inspect and Copy your PHI:** Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information complied in reasonable anticipation of or use in, a civil, criminal or administrative action or proceeding, and **PHI** that is subject to law that prohibits access to protect health information.



You have the Right to Request a Restriction: You have the right to request a restriction or limitation on your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operation. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care of for notification purposed as described in this Notice of Privacy Practices. You have the right to restrict certain disclosures of PHI to health plan where you pay out of pocket in full for the health care items or services we provide. Your request must state the specific restriction requested and to whom you want the restriction to apply. Except in limited circumstance, or where you pay out of pocket in full, we are not required to agree to a requested restriction.

**You have the Right to Request Confidential Communications:** You have the right to request in writing that we communicate with you about medical matters in certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

**You have the Right To Obtain a Paper Copy for this Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

You may have the Right to Amend your PHI: If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request, in writing, an amendment for as long as the information is kept by or for the Plan. If we deny your request or amendment, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the Right to be Notified of a Breach:** You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured **PHI**.

**You have the Right to an Accounting of Disclosures:** You have the right to receive an accounting of certain disclosures we have made, if any of your **PHI**.

**You have the Right to Opt Out of Fundraising Communications:** If the Clinic were to decide to engage in fundraising, you would have the right to opt out of receiving these fundraising communications at the time of the solicitation.

**Complaints:** You may complain to use or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by Atul Aggarwal MD Cardiology Clinic. You may file a compliant with Atul Aggarwal MD Cardiology Clinic by notifying our office of your compliant. Retaliation against any patient of this practice for filing a complaint against this practice is strictly prohibited.

**Questions:** If you have any questions about this policy or need further information, please contact Sonali Aggarwal, the Clinic's Privacy Officer, at (661) 664-0100.

This notice was published and became effective on or before **April 14, 2003.** 

Rev.(2): February 1, 2023

You may revoke any authorization at any time in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.



## POLÍTICA DE CANCELACIÓN DE CITA

#### Reconocimiento del consentimiento/autorización por escrito

Si se pierde, cancela o cambia una cita para una prueba de esfuerzo con ultrasonido o caminadora con menos de 24 horas de anticipación, habrá un cargo de \$25.

Al firmar a continuación, reconoce que ha leído y comprende la Política de cancelación de la Clínica de cardiología del Dr. Atul Aggarwal, MD, tal como se describe anteriormente.

Gracias por su comprensión y cooperación	
Firma del Paciente:	Fecha