

Cardiovascular Associates, P.C.

1901 Springhill Ave. Mobile, AL 36607

24220 US Highway 98 Fairhope, AL 36532

251.300.2240

HIPPA FORM

CONSENT FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR PAYMENT, TREATMENT AND HEALTH CARE OPERATIONS

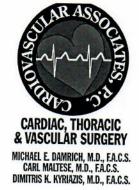
By signing below, you hereby consent for this Practice to use or disclose information about yourself (or another person for whom you have the authority to sign) that is protected under federal law, for the sole purposes of **treatment**, **payment** and **health care operations**. You may refuse to sign this consent form.

You should read the Notice of Privacy Practices for PHI attached to this form before signing the Consent. The terms of the Notice may change from time to time, and you may always get a revised copy of it by asking the Privacy Officer for this Practice.

You have the right to request that the Practice restrict how PHI is used or disclosed to carry out treatment, payment, or health care operations. The Practice is not required to agree to requested restrictions, however, if the Practice agrees to your requested restrictions, the restriction is binding on it.

Information about you is protected under federal law, and you have the right to revoke this Consent, unless we have taken action in reliance on your authorization (as determined by our Privacy Officer). By signing below, you recognize that the protected health information used or disclosed pursuant to this Consent may be subject to redisclosure by the recipient and may no longer be protected under federal law.

You may communicate with the following of treatment:	g individuals regarding my condition or course
You may communicate confidential inforto the following address and/or phone	mation to me, including invoices for services,
Numbers:	
Individual Signature	Date
As a personal representative, I have authorized for the individual because I am the individual	A CONTRACTOR OF THE CONTRACTOR



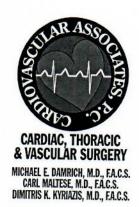
Cardiovascular Associates, P.C.

1901 Springhill Ave. **Mobile, AL 36607** 251.300.2240

24220 US Highway 98 **Fairhope, AL 36532** 251.300.2249 fax

Patient History Form

				for your visit today?			
		History	of P	resent Illness			
Location of Problem:				Is there anything else occurring at the same			
Chest Arm Leg Abdomen Back			time? Yes No Explain				
Other:			time? Yes No Explain Swelling Nausea Fever Chest Pain Other:				
On a scale of 1-10, 10 being most severe,			e,	Is the problem con	stant or varia	able?	
which number	r describes	the problem:	ž.	Dull then sharp Very sl			
1 2 3				Constant Other:	•	***************************************	
How long hav				Does the problem inter		ır normal	
complaint? _				functions?	Yes No		
Does anything l	haln or mak	a the problem		Please Explain:			
Does anything i	worse?	e the problem	11	How long does the problem last? 30 minutes 1 hour It's always there			
Moving around		Standing up		Other:			
Lying on Side Wa							
Other:							
	р	act Family N	Andic	al & Social History			
	Past	Family	Teure	ai & Sociai History	Past	Family	
	History	History			History	Histor	
			History of Bleeding		Initial	11.0001,	
Heart Disease			Seizures				
Heart Disease Kidney Disease				Seizures			
			Re	spiratory/Lung Disease			
Kidney Disease			Re				



Cardiovascular Associates, P.C.

1901 Springhill Ave. **Mobile, AL 36607** 251.300.2240

24220 US Highway 98 **Fairhope, AL 36532** 251.300.2249 fax

MEDICATION RECORD

PATIENT		DOB
DATE	CHART#	
ALLERGIES		
Medication Name	Dosage	Frequency
	7	

A:\CVA Patient Clerical Forms\MEDICATION RECORD.doc

Name:	
Are you taking any blood thinners? Yes No If you are a diabetic, what medications are yo	What kind?
Pharmacy Name:	Pharmacy Number:

Review of Systems

		Re	view of Systems		
Constitution Symptoms:			Integumentary		T
Fever	Yes	No	Skin Rash	Yes	No
Chills	Yes	No	Boils	Yes	No
Headache	Yes	No	Persistent Itch	Yes	No
Other			Other		1,0
Eyes			Musculoskeletal		
Blurred Vision	Yes	No	Joint Pain	Yes	No
Double Vision	Yes	No	Neck Pain	Yes	No
Pain	Yes	No	Back Pain	Yes	No
Other	215.50000	200,000	Other	100	1,0
Allergic/Immunologic			Ear/Nose/Throat/Mouth		
Hay Fever	Yes	No	Ear Infection	Yes	No
Drug Allergies	Yes	No	Sore Throat	Yes	No
List:			Sinus Problems	Yes	No
			Other		
Neurological			Genitourinary		
Tremors	Yes	No	Urinary Retention	Yes	No
Dizzy Spells	Yes	No	Painful Urination	Yes	No
Numbness	Yes	No	Urinary Frequency	Yes	No
Other			Other		
Gastrointestinal			Respiratory		
Abdominal Pain	Yes	No	Wheezing	Yes	No
Nausea/Vomiting	Yes	No	Frequent Cough	Yes	No
Heartburn	Yes	No	Shortness of Breath	Yes	No
Other	(1925)		Other	22 - 12 17 17	1 35000
Cardiovascular			Hemotalogic/Lymphatic		
Chest Pain	Yes	No	Swollen glands	Yes	No
Varicose Veins	Yes	No	Blood Clotting	Yes	No
High Blood Pressure	Yes	No	Other	80.7500(61)	2000
Other					

	_
Physician Reviewed:	Date:
I my stotait received.	Bute.