



WELCOME TO ARRHYTHMIA CONSULTANTS

Please complete the attached forms and bring them with you to your appointment on _____ at _____.

1. **Patient Demographics:** Complete entirely, sign, and date. If applicable, include spouse's date of birth, SSN, and group insurance number. This information is necessary to file your insurance.
2. **Consent for Treatment:** This must be signed in order for us to see you.
3. **Disclosure of Medical Information:** Please note we can speak with the patient unless documented otherwise. If necessary or desired, please write down the name and relationship of person(s); i.e. spouse, children, etc. that we may speak with concerning your medical condition and account information. You do not have to include doctor or doctor's office personnel on this form. Please check if and at what locations we can leave messages.
4. **Financial Policy:** Please review. This is your copy to keep
5. **Comprehensive Review of Symptoms**

INFORMATION REGARDING YOUR FIRST APPOINTMENT

This appointment is a Consultation/New Patient visit. No tests or procedures will be performed.

- Please arrive 15 minutes prior to your appointment time.
- We will be performing an EKG at this and every visit. Please dress comfortably in loose, easy to remove clothing (no pantyhose, full slips, neckties, etc.). Please do not wear any lotions or powders as electrodes will not adhere to the skin.
- Co-pays will be collected at the time of visit.
- Bring **ALL** medications, including prescribed and "over-the-counter" (including vitamins and herbal supplements) with you. Please bring the actual prescription bottle or "over-the-counter" container.