CENTER OF THE HEART
Edward R. Assi DO·PA
FACC · FSCAI BOARD CERTIFIED IN CLINICAL AND INTERVENTIONAL CARDIOLOGY

P:915.577.9009
F:915.577.9006
1700 Cliff Bldg. A Ste. 200
El Paso, TX 79902

PATIENT-CENTERED CARDIAC CARE

DATE: _____

Patient Name (last): _____(first)_____Acct#:_____

Street Address:_____City:_____State:_____

Zip:_____Phone#:_____Alternate Phone#:_____

Place of Employment:_____Work #:_____

DOB:_____Social Security #:_____

Primary Physician:_____Referring Physician:_____

Spouse's Name:_____Spouse's # (if different from above):_____

Spouse DOB:_____Spouse SS#:_____

Who do we contact in case of an emergency?_____Ph#:_____

Address:_____Relationship to Patient: _____

Primary Insurance Name:_____

Address:_____Phone#:_____

Policy #:_____Group #:_____

Effective Date:_____Referral #:_____

Policy Holder's Name:_____SS#:_____

Secondary Insurance:_____

Address:_____

Policy #:_____Group #:_____

Policy Holder's Name:_____SS#:_____

Patient Signature:_____Date:_____

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PLEASE PRINT

Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment, and health care options):
_____

_____

_____

_____

Emergency contact: _____ Phone #_____

Please print the address of where you would like your billing statement and/or correspondence from our office sent **if other than your home:**_____

_____

Please print the telephone numbers where you want to receive calls about your appointments, lab test results, or other health care information if other than your home phone number:_____

I am fully aware that a cell phone number is not a secure and private line

Messages regarding your upcoming appointments will be left at the numbers you have provided unless you specify otherwise.

Your signature below acknowledges that a copy of the Privacy Practices Notice has been made available to you from Edward R. Assi, DO, PA.

Patient Name (please print):_____Acct#:_____

Patient signature/legal representative:_____Date:_____