Awais K Humayun, MD, FACC, FHRS
Cardiac Electrophysiology
Excellence In Heart Care & Treatment

heartrhythm solutions

Patient Update Checklist

Please complete if changes occurred since your last appointment.

Patient Name: _____ **Today's Date:** _____

❑ **Address Change:** _____ City_____ State/Zip_____

❑ **Primary Phone:** (___) _____ ❑ Cell ❑ Work ❑ Home ❑ Other OK for messages? ❑ Y ❑ No

❑ **Primary Care Provider (PCP):** _____ PCP Phone:_____

PCP Address: _____

❑ **Referring Provider:** _____

Referring Provider Address: _____

Telephone: (___) _____ Fax: (___) _____

❑ **Primary or Secondary Insurance Carrier:** _____ Ins. Co. Phone: (___) _____

Group Number: _____ Policy Number: _____ **Start Date:** _____

❑ HMO ❑ PPO ❑ Open Access ❑ Other: _____

Relationship to Subscriber: ❑ Self ❑ **Spouse* ❑ **Child* ❑ **Other*:_____

If relationship is Spouse, Child, or Other for Primary &/or Secondary also enter Subscriber information:

Subscriber's First Name: _____ Last name: _____

Subscriber's Street Address: _____ City: _____ State/Zip: _____

Subscriber's Primary Phone: (___) _____ DOB: _____ Sex: ❑ Male ❑ Female

PCP Referral Required? ❑ Yes ❑ No Specialist Copay: _____ Deductible: _____

❑ **Pharmacy:** _____ Phone: (___) _____ Fax: (___) _____

❑ **New physical exam** **Date:** _____ Physician Name:_____

❑ **Recent Hospitalization/Surgery** ❑ Yes ❑ No Reason(s):_____

Date(s):_____ Facility:_____

❑ **Received / Reviewed Current Privacy Notice & Signed Auth. for Disclosure of PHI? ❑ YES ❑ NO ❑ IDK**

New Medical Concerns: _____

_____

_____

_____

4801 S University Drive, Suite 104 | Davie, Florida 33328 | P: (954) 707-5200 | F: (954) 526-4562 | heartrhythmsolutions.com

Awais K Humayun, MD, FACC, FHRS
Cardiac Electrophysiology
Excellence In Heart Care & Treatment

heartrhythm solutions

Patient Update Checklist

❑ **Changes to Medication, Dosages, and/or Medical Allergies:** _____

_____

_____

_____

_____

Please enter any new medication information below

Medication	Dosage	Frequency

4801 S University Drive, Suite 104 | Davie, Florida 33328 | P: (954) 707-5200 | F: (954) 526-4562 | heartrhythmsolutions.com