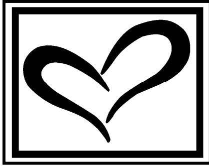

(FOR OFFICE USE ONLY)	
*Account #:	
*Appt Date:	
*Front Desk Initials:	
*Pre-Reg. Initials:	
☐ New Patient	☐ Established Patient

Patient Registration & Survey Form – Page 1

*BRCC DOCTOR

☐ Boyd E. Helm, M.D., F.A.C.C.	☐ Harold G. Clausen, Jr., M.D., F.A.C.C.	☐ Darrin M. Breaux, M.D., F.A.C.C.
☐ Joseph M. Cefalu, M.D., F.A.C.C.	☐ Fred H. Petty, M.D., F.A.C.C.	☐ Yunus A. Moosa, M.D., F.A.C.C.
☐ Kevin L. Kilpatrick, M.D., F.A.C.C.	☐ Henry C. Patrick, M.D., F.A.C.C.	☐ Brian C. Swirsky, M.D., F.A.C.C.
☐ Terry L. Zellmer, M.D., F.A.C.C.	☐ Venkat R. Surakanti, M.D., F.A.C.C.	☐ Boyd M. Helm, M.D., Radiologist
☐ Daniel T. Fontenot, M.D., F.A.C.C.	☐ Evens Rodney, M.D., F.A.C.C.	☐ Victor Fuselier, P.A.-C.

PATIENT INFORMATION

*First Name:	*Last Name:	
Nick Name, if applicable:		
Address:		
City:	State:	Zip:
*Date of Birth:	Age:	
SS#:	Gender: ☐ Male ☐ Female	
*Phone #:	Secondary Phone #:	
Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced		

EMPLOYMENT INFORMATION

Employment Status: ☐ Full-time ☐ Part-time ☐ Not Employed ☐ Retired		
Employer:		
Position:		
Employer Address:		
City:	State:	Zip:
Phone #:	Secondary Phone #:	

SPOUSE INFORMATION

Spouse's Name:	
Spouse's SS#:	Spouse's Date of Birth:
Spouse's Employer:	Phone #:

EMERGENCY INFORMATION *(Please put contact information for someone who does NOT live in your home.)*

Contact's Name:	Relationship to you:
Phone #:	

INSURANCE INFORMATION

Do you have insurance: ☐ Yes ☐ No	If yes, name of insurance:

Please continue to page 2 on back.

Patient Registration & Survey Form – Page 2

*First Name:	*Last Name:

* PATIENT SURVEY

Thank you for choosing Baton Rouge Cardiology Center. We are interested in knowing how you heard about us!
Please take a moment to review the choices below and check the choice that applies to you.

(to) ***1. How did you hear about us?**

(Please check only one.)

- ☐ Internet/website (2569)
- ☐ Yellow Pages (1731)
- ☐ Newspaper (2568)
- ☐ Television (2596)
- ☐ Radio (2597)
- ☐ Flyer (2599)
- ☐ Health Fair (2598)
- ☐ Family and Friends (1732)
- ☐ Insurance (2570)
- ☐ Other ______________________________

Emergency Room:

- ☐ St. Elizabeth Emergency Room (2033)
- ☐ Our Lady of the Lake Emergency Room (1735)
- ☐ Baton Rouge General Mid City Emergency Room (1736)
- ☐ Baton Rouge Health Center Emergency Room (1739)
- ☐ Lane Regional Medical Center Emergency Room (1738)
- ☐ St. James Parish Hospital Emergency Room (3822)

☐ **A doctor referred me.**
If a doctor referred you, what is the **first and last** name of the **referring doctor**? ___________________________________

(from) ***2. Do you have a primary care physician or a family doctor?**

- ☐ Yes, I do have a primary care physician. The first and last name of my doctor is ___________________________________
- ☐ No, I do not have a primary care physician.

AUTHORIZATION & CONSENT

Assignment Authorization/Medical Records Release Authorization
I hereby authorize Baton Rouge Cardiology Center to release to your company representative, any information including the diagnosis and the records of any treatment or examination rendered to me during the period of such Medical or Surgical care. I authorize and request your company to pay directly to the doctor the amount due to me in my pending claim for Medical or Surgical treatment or services, by reason of such treatment or services rendered to me. A photographic copy of this authorization shall be as valid as the original. I understand I am financially responsible for payment on this account at all times.

Signature of insured:____Date:_____________________________

Patient Consent For Treatment
I hereby authorize and direct authorized BRCC physician/group together with associates and assistants of his choice, to administer or perform medical treatment including procedures or services as they may deem necessary or reasonable, including chest x-ray, laboratory services and diagnostic procedures I hereby consent thereto.

Patient /Authorized Person:____ Date:____________________________