

Last Name: _____ First Name: _____ M.I. _____

DOB: _____ Gender: _____

Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Type: _____ Home _____ Cell _____ Work

Alternate Phone: _____ Type: _____ Home _____ Cell _____ Work

I authorize Comprehensive Cardiovascular Consultants and Virtue Vein & Lymph Center to leave test results on my voicemail: ___ Yes ___ No Preferred number: _____ Home _____ Work _____ Cell

Email: _____ I would like my email to be used for contact on patient portal: ___ Yes ___ No

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____

PHYSICIAN/PHARMACY INFORMATION

Primary Care Physician: _____ Phone: _____ Fax: _____

Referring Physician: _____ Phone: _____ Fax: _____

Local Pharmacy: _____ Address: _____ Phone: _____

Mail Order Pharmacy: _____ Address: _____ Phone: _____

AUTHORIZATION TO RELEASE INFORMATION

Initial Below

_____ I authorize another person to receive my **Medical** information: _____
Name, Relationship

_____ I authorize another person to receive my **Billing** information: _____
Name, Relationship

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION AND FINANCIAL POLICY

I hereby authorize this office to furnish information to insurance carriers concerning this illness/accident, and I hereby assign to the physician (s) all payments for medical services rendered to myself or my dependents. I understand that I am financially responsible for all charges regardless if they are or are not covered by insurance or workers compensation. I hereby authorize photocopies of this authorization form to be valid as the original. I consent to disclosure of my medical information to outside agencies for the purpose of providing healthcare services rendered to me. If I fail to obtain a referral, I understand that I am financially responsible. I acknowledge that I have received the mandatory information regarding "Notice of Privacy Practices" (HIPAA)

Signature

Date

I have had the chance to review a copy of Comprehensive Cardiovascular Consultants (Virtue Vein & Lymph Center 's **Financial Policy** and have been given the opportunity to ask questions. I agree to comply with its guidelines.

Signature

Date

Patient Name: _____ DOB: _____ Ht: _____ Wt: _____
 Reason for Visit: _____ Date Symptoms Began: _____

Past Medical History:

	Y	N		Y	N		Y	N
Stroke or TIA			Cataracts			Depression		
Heart Attack			Hepatitis			Hypothyroidism		
Heart Murmur			Epilepsy			Kidney Disease		
High Blood Pressure			Parkinson's			Kidney Stones		
DVT or Blood Clots			Multiple Sclerosis			Diabetes		
Bleeding Tendencies			Arthritis or DJD			Emphysema		
HIV			Anemia			COPD		
Glaucoma			Asthma			Cancer		

PAST SURGICAL HISTORY

Surgery/Hospitalization	Date	Surgery/Hospitalization	Date

Social History

Smoker ___ Yes ___ No Packs per Day: _____ Years: _____ Quit ___ Yes ___ No When? _____
 Alcohol use? ___ Yes ___ No Type: _____ Drinks per week? _____
 Caffeine? ___ Yes ___ No Types(s) _____ How much per day? _____
 Recreational drug use? ___ Yes ___ No Type(s) & reason: _____ How Often? _____

List Allergies and reactions

REVIEW OF SYSTEMS: Do you CURRENTLY have any problems related to the following systems?

General	Y	N	Cardiovascular	Y	N	Neurological	Y	N	Other
Weight Loss			Chest pain/pressure			Numbness/tingling			
Chills			Irregular heartbeat			Tremors			
Fever			High blood pressure			Dizziness			
Night Sweats			Respiratory			Seizures			
Vascular			Wheezing			Memory loss			
Leg swelling			Frequent cough			Hematology			
Ankle swelling			Shortness of breath			Swollen glands			
Foot or leg sores/ulcer			Musculoskeletal			Blood clots			
Leg pain or burning			Back pain			Endocrine			
Lymphedema			Muscle weakness			Fatigue/tiredness			
Discoloration of legs			Joint pain/swelling			Excessive thirst			

FAMILY HISTORY (PARENT, SIBLING, or Child)

	Y	N	Family Member		Y	N	Family Member
Diabetes				High Cholesterol			
Heart Disease				Stroke			
High Blood Pressure				Vascular Disease			

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW COMPREHENSIVE CARDIOVASCULAR CONSULTANTS, INC. MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Comprehensive Cardiovascular Consultants, Inc. is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by Comprehensive Cardiovascular Consultants, Inc. or received by Comprehensive Cardiovascular Consultants, Inc. from other healthcare providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this Notice.

Comprehensive Cardiovascular Consultants, Inc. reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information that we maintain. Patients will be provided a copy of any revised Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

Use and Disclosures of Your Protected Health Information not Requiring Your Consent

Comprehensive Cardiovascular Consultants, Inc. may use and disclose your protected health information, without your written consent or authorization for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosures of treatment records, which include registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

Treatment may include:

- Providing, coordinating, or managing healthcare and related services by one or more healthcare providers;
- Consultations between healthcare providers concerning a patient;
- Referrals to other providers for treatment;
- Referrals to nursing homes, foster care homes, or home health agencies.

For example, Comprehensive Cardiovascular Consultants, Inc. may determine that you require the services of a specialist. In referring you to another doctor, Comprehensive Cardiovascular Consultants, Inc. may share or transfer your healthcare information to that doctor.

Payment activities may include:

- Activities undertaken by Comprehensive Cardiovascular Consultants, Inc. to obtain reimbursement for services provided to you;
- Determining your eligibility for benefits or health insurance coverage;
- Managing claims and contacting your insurance company regarding payment;
- Collection activities to obtain payment for services provided to you;
- Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges;
- Obtaining pre-certification and pre-authorization of services to be provided to you.

For example, Comprehensive Cardiovascular Consultants, Inc. will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

Healthcare operations may include:

- Contacting healthcare providers and patients with information about treatment alternatives;
- Conducting quality assessment and improvement activities;
- Conducting outcomes, evaluation and development of clinical guidelines;
- Protocol development, case management or care coordination;
- Conducting or arranging for medical review, legal services and auditing functions.

For example, Comprehensive Cardiovascular Consultants, Inc. may use your diagnosis, treatment and outcome information to measure the quality of the services that we provide, or assess the effectiveness of your treatment when compared to patients in similar situations.

Comprehensive Cardiovascular Consultants, Inc. may contact you, by telephone or mail, to provide appointment reminders. You must notify us if you do not wish to receive appointment reminders.

We may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations when Comprehensive Cardiovascular Consultants, Inc. is permitted or required to use or disclose your protected health information without your consent or authorization. Examples include the following:

- As permitted or required by law.
In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is a reasonable cause to believe that the wound occurred as a result of a crime.
- For public health activities.
We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authority authorized by law, upon receipt of written request from that agency. We are required to report positive HIV test results to the state epidemiologist. We may also disclose HIV test results to other providers or persons when there has been or will be risk of exposure.

We may report to the state epidemiologist the name of any person known to have been significantly exposed to a patient who tests positive for HIV. We are required by law to report suspected child abuse and neglect and suspected abuse of an unborn child, but cannot disclose HIV test results in connection with the reporting or prosecution of alleged abuse or neglect. We release healthcare records, including treatment records and HIV test results, to the Food and Drug Administration when required by law. We may disclose healthcare records, except for HIV test results, for the purpose of reporting elder abuse or neglect, provided the subject of the abuse or neglect agrees, or if necessary to prevent serious harm. Records may be released for the reporting of domestic violence if necessary to protect the patient or community from imminent and substantial danger.

- **For health oversight activities.**
We may disclose healthcare records, including treatment records, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification. HIV test results may not be released to federal or state governmental agencies, without the written permission, except to the state epidemiologist for surveillance, investigation, or to control communicable diseases.
- **Judicial and Administrative Proceedings.**
Patient healthcare records, including treatment records and HIV test results, may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all healthcare records except for HIV test results.
- **For activities related to death.**
We may disclose patient healthcare records, except for treatment records, to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death. HIV test results may be disclosed under certain circumstances.
- **For research.**
Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.
- **To avoid a serious threat to health or safety.**
We may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects the patient's ability to exercise reasonable or ordinary control over a motor vehicle. Healthcare information, including treatment records and HIV test results, may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.
- **For worker's compensation.**
We may disclose your health information to the extent such records are reasonably related to any injury for which works compensation is claimed.

Comprehensive Cardiovascular Consultants, Inc. will not make any other use or disclosure of your protected health information without your written authorization. You may revoke such authorization at any time, except to the extent that the Comprehensive Cardiovascular Consultants, Inc. has taken action in reliance thereon. Any revocation must be in writing.

Your Rights Regarding Your Protected Health Information

You are permitted to request that restrictions be placed on certain uses or disclosures of your protected health information by Comprehensive Cardiovascular Consultants, Inc. to carry out treatment, payment, or healthcare operations. You must request such a restriction in writing. We are not required to agree to your request, but if we do agree, we must adhere to the restriction, except when your protected health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required by law to disclose certain healthcare information.

You have the right to review and/or obtain a copy of your healthcare records, with the exception of psychotherapy notes, or information compiled for use (or in anticipation for use) in a civil, criminal, or administrative action or proceeding. Comprehensive Cardiovascular Consultants, Inc. may deny an access under other circumstances, in which case you have the right to have such a denial reviewed. We may charge a reasonable fee for copying your records.

You may request that Comprehensive Cardiovascular Consultants, Inc. send protected health information, including billing information, to you by alternative means or to alternative locations. You may also request that Comprehensive Cardiovascular Consultants, Inc. not send information to a particular address or location or contact you at a specific location, perhaps your place of employment. This request must be submitted in writing. We will accommodate reasonable requests by you.

You have the right to request that Comprehensive Cardiovascular Consultants, Inc. amend portions of your healthcare records as long as such information is maintained by us. You must submit this request in writing, and under certain circumstances the request may be denied.

You may request to receive an accounting of the disclosures of your protected health information made by Comprehensive Cardiovascular Consultants, Inc. for the six years prior to the date of the request, beginning with disclosures made after April 14, 2003. We are not required, however, to records disclosures we made pursuant to a signed consent or authorization.

You may request and receive a paper copy of this notice, if you had previously received or agreed to receive the notice electronically.

Any person or patient may file a complaint with Comprehensive Cardiovascular Consultants, Inc. and/or the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with Comprehensive Cardiovascular Consultants, Inc., please contact the Privacy Officer at the following:

Raffi K. Krikorian, M.D., FACC
Comprehensive Cardiovascular Consultants, Inc.
3760 S. Lindbergh Blvd., Suite 101
St. Louis, MO. 63127
(314) 849-0923

It is the policy of Comprehensive Cardiovascular Consultants, Inc. that no retaliatory action will be made against any individual who submits or conveys a complaint.

This Notice of Privacy Practices is effective April 14, 2003
(Comprehensive Cardiovascular Consultants, Inc.)

Notice of Privacy Practices

Effective January 1st, 2021

Patient's Name: _____

Today's Date: _____

TOTAL Venous Clinical Severity Score : _____

Item	Absent (0 points each box)	Mild (1 point each box)	Moderate (2 points each box)	Severe (3 points each box)
Pain	None	Occasional	Daily	Daily limiting
Varicose veins	None	Few	Calf or thigh	Calf and thigh
Venous edema	None	Foot and ankle	Above ankle, below knee	To knee of above
Skin pigmentation	None	Perimalleolar	Diffuse, lower 1/3 calf	Wider, above lower 1/3 calf
Inflammation	None	Perimalleolar	Diffuse, lower 1/3 calf	Wider, above lower 1/3 calf
Induration	None	Perimalleolar	Diffuse, lower 1/3 calf	Wider, above lower 1/3 calf
# Active ulcers	None	1	2	≥3
Ulcer size	None	<2 cm	2 – 6 cm	>6 cm
Ulcer duration	None	<3 mo.	3 – 12 mo.	>1 year
Compression therapy	None	Intermittent	Most days	Fully comply
Total from each column				

Patient Name: _____ **Date:** _____

PELVIC CONGESTION SYNDROME SCREENING

This questionnaire is offered to women with thigh pain, pelvic pain, and/or varicosities of the vulva.

Please check either yes or no for each of the questions below. Each "yes" counts for a score of 1 while each "no" counts for a score of 0 when adding the total below.

1. Do you suffer from pain in either lower limb when standing and/or sitting?
YES ____ NO ____ if yes: RIGHT ____ LEFT ____
2. Do you suffer from leg swelling?
YES ____ NO ____ if yes: STANDING ____ SITTING ____
3. Do you suffer from buttock and/or perineal pain?
YES ____ NO ____ if yes: STANDING ____ SITTING ____
4. Do you suffer from coital or post-coital pains? (pre- or post-sexual intercourse)
YES ____ NO ____
5. Do you suffer from pain with urination?
YES ____ NO ____
6. Does the severity of your pains change while on your menstrual period?
YES ____ NO ____

TOTAL score (out of 6): _____