



HVMG- Cardiovascular and Thoracic Surgery
Heritage Valley Beaver
1000 Dutch Ridge Road- Beaver, PA 15009
724-773-8289- phone

***Please bring completed paperwork along with a current list of you medications, your insurance information and your drivers photo ID to your appointment on _____ at _____.**

Patient Information:

Today's Date: _____

Name: _____ **Sex:** _____ **Date of Birth:** _____

Full Address: _____

Phone: _____ **Alternate Phone:** _____

Email Address: _____ **Social Security Number:** _____

Race: (Circle one) American/AK Indian; Black/African American; Asian/Pacific Islander; Hispanic; White; Unknown/Decline

Ethnicity: (Circle one) Not of Hispanic Origin; Hispanic Origin; Unknown/Decline

Preferred Language: (If other than English) _____

Occupation: _____ **Employment:** (Circle one) FT PT Not Employed Retired

Employer: _____

Marital Status: (Circle one) S M W Separated Divorce **Spouse's Name:** _____

Referring Doctor: _____ **Primary Care Doctor:** _____

Pharmacy Name: _____ **Pharmacy Number:** _____

Insurance Company Name: _____

Emergency Contact Information: (Please name a person to contact in case of an emergency or in the event that we are unable to reach you).

Name: _____ **Relationship:** _____

Phone: _____ **Alternate Phone:** _____



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Assignment of Benefits

I authorize payment of medical benefits directly to Heritage Valley Medical Group- Cardiovascular and Thoracic Surgery.

Signature _____ **Date:** _____

Release of Medical Records

I authorize and request the release of medical information/history and test results to Heritage Valley Medical Group- Cardiovascular and Thoracic Surgery.

Signature: _____ **Date:** _____