



Woodlands North Houston Heart Center

411 Lantern Bend Houston, TX 77090 17350 St. Lukes Way The Woodlands, TX 77384
Tel: 281-444-3278 Fax: 832-249-3850

PATIENT INFORMATION FORM

Patient Name (last) (first) (m/i) Preferred Name:

Address: City ST Zip

Sex: Female Male DOB: Social Security#

Patient Status: Single Married Divorced Separated Widowed Minor / Student

Are you Employed? Yes No Name of Employer:

Employer Address: City ST Zip

Spouse or Parent Name (if minor): DOB Soc Sec#

Employed Yes No (where)

TELEPHONE INFORMATION:

Home: Work Ext Cell

In the event of an emergency, who should we contact?

Name Relationship Contact#

AUTHORIZATION TO RELEASE INFORMATION ABOUT PATIENT'S CONDITION/TREATMENT

Dear Patient, In accordance with the Medical Privacy Act of Texas, Physicians and/or staff of Woodlands-North Houston Heart Center, are unable to release any information pertaining to your condition, treatment and/or care without your consent. If you authorize us to release and/or obtain information regarding your care to someone other than yourself, please complete the following authorization.

I hereby authorize Physician's and/or staff of Woodlands-North Houston Heart Center, to release information pertaining to my condition and/or care to only those family members, physicians and/or others involved with my care as listed below:

Table with 3 columns: Name, Relationship, Telephone Number. Contains 4 rows for listing family members or others.

Patient Signature

Date

If not signed by patient, please indicate relationship: Minor Legal Guardian/patient incompetent