

Florida Cardiovascular Associates
Dr. William Alexis, MD, PA, MPH, FACC, FSCAI
Dr. William Alexis, MD, MPH, FACC, FSCAI
Pembroke Pines Office
601 N. Flamingo Road, Suite 209
Pembroke Pines, FL 33028
Tel: (954) 688-4600 | Fax: (954) 874-8007

PATIENT INFORMATION

NAME: DOB:
ADDRESS: APT: CITY:
STATE: ZIP:
TEL #: CELL #: EMAIL:

PRIMARY CARE (PCP) INFORMATION

PCP NAME:
Telephone:
Address:

INSURANCE INFORMATION

Insurance Company Name:
Subscriber #:
Group #:
Telephone # (back of Card):

PHARMACY NAME (PLEASE BE SPECIFIC)

Pharmacy Name:
Telephone:
City:

EMERGENCY CONTACT

Emergency Contact Name #1:
Telephone #:
Cellphone:
Relationship:
Emergency Contact Name #2:
Telephone #:
Cellphone:
Relationship:

CONSENT FOR DISCLOSURE OF INFORMATION

PATIENT NAME: DOB:

The following person(s) have my consent to always obtain medical records on my behalf.

NAME:
RELATIONSHIP:
ADDRESS:
PHONE:
CELLPHONE #:

NAME:
RELATIONSHIP:
ADDRESS:
PHONE:
CELLPHONE #:

NAME:
RELATIONSHIP:
ADDRESS:
PHONE:
CELLPHONE #:

By signing this document, you are authorizing our practice to release any medical records to any of the above contacts or your PCP.

Date: / /

Patient Signature:

PATIENT HISTORY FORM

PATIENT NAME: DOB:

PHYSICIANS List All Doctors Currently Providing Care

[illegible]

ALLERGIES Do you have any allergies to drugs, food, seafood, latex, dye? YES ☐ NO ☐

Allergy to:	Reaction: Rash, hives, itching, etc.

CURRENT MEDICATION List ALL Vitamins, Prescription Meds, and Over the Counter Meds.

BRING ALL MEDICATIONS IN THEIR ORIGINAL BOTTLES TO EVERY APPOINTMENT

[illegible]

PATIENT HISTORY

PATIENT NAME: DOB:

Alcohol use:

Do you consume alcohol? Yes ☐ No ☐ Former ☐

Frequency:

Year Quit:

Smoking/Tobacco Use:

Do you smoke/Use Tobacco? Yes ☐ No ☐ Former ☐

Type: Cigarettes ☐ Pipes ☐ Cigar ☐ Smokeless ☐

Number of years smoke:

Packs per day:

Year quit:

Passive Smoke Exposure: Yes ☐ No ☐

DIET:

Are you on a special diet? Yes ☐ No ☐

What type of diet?

Do you drink caffeine? Yes ☐ No ☐ How much a day?

Do you eat much chocolate a day? Yes ☐ No ☐

EXERCISE:

Do you exercise regularly? Yes ☐ No ☐

If YES describe:

Religion:

Religion:

Agree to transfusion? Yes ☐ No ☐

DRUG USE/ABUSE:

Yes ☐ No ☐ Former ☐

Substance Type:

Year Quit:

Marital Status:

OCCUPATION: Employed ☐ Unemployed ☐ Retired ☐

RESIDENCE: Live with

Nursing Home ☐ Assisted Living ☐

ADVANCED DIRECTIVE: None ☐ DNR ☐ HC Proxy ☐ Living Will ☐

Is there a family History of (List All Family Members):

Heart Attack	Yes ☐ No ☐	Family Member:
Stroke	Yes ☐ No ☐	Family Member:
Coronary Bypass Surgery	Yes ☐ No ☐	Family Member:
Diabetes	Yes ☐ No ☐	Family Member:
High Blood Pressure	Yes ☐ No ☐	Family Member:
Sudden Death	Yes ☐ No ☐	Family Member:

CANCELLATION POLICY

Patient Name:

DOB:

Your appointment and well-being are important to us. We understand that unexpected delays can occur requiring schedule adjustments. If you need to cancel or reschedule your appointment, we respectfully request at least 24 hours' notice.

Policy Guidelines:

- **Standard Visit Cancellations (<24 hours) or No-Shows:** \$50.00 fee
- **Diagnostic (DX) Testing Cancellations (<24 hours) or No-Shows:** \$150.00 fee
- **First-Time Exception:** A one-time courtesy waiver is available and will be documented in your chart.
- **Illness Exception:** If you are experiencing flu or COVID-19 symptoms, please call our office directly to reschedule without penalty.
- **Emergency Exceptions:** Exemption due to unforeseen emergencies will be determined at the sole discretion of the practice manager (case by case).

Patient Signature: Date:

DR. WILLIAM ALEXIS MD MPH, FACC, FSCAI
601 N Flamingo Road, Suite 209 Pembroke Pines FL 33028
1150 N 35th Ave 240 Hollywood FL 33021
Tel: 954-688-4500 Fax: 954-874-8007

MEDICAL RECORDS RELEASE FORM - STAT

Date: / /

Patient Name: DOB: / /

Phone #: Cells / Other:

Patient signature:

From:

Phone #: Fax #:

Address: City:

Zip Code:

Please Release to:

DR. WILLIAM ALEXIS MD MPH, FACC, FSCAI
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Please release the following:

- ☐ • All medical record (Progress Notes)
- ☐ • Labs
- ☐ • Diagnostic test
- ☐ • Surgery reports

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