CORE HEART HEALTH CENTER *PATIENT PROFILE FORM*

CONTACT INFORMATION

Name:_____

Date of Birth (MM-DD-Year)_____**Gender** ☐ **Male** ☐ **Female**

Address:_____

Parish:_____**Postal Code**:_____

Telephone: (**H**)_____(**W**)_____(**C**)_____

Email:_____

Emergency Contact Name:_____Relation: _____

Telephone: (**H**)_____(**W**)_____(**C**)_____

Marital Status: ☐**Single** ☐**Married** ☐**Divorced/separated** ☐ **Common Law/Partnership** ☐ **Widow**

Your Current Occupation:_____ ☐ **Self Employed**

Employer: _____

INSURANCE INFORMATION

Insurance Carrier: ☐**Argus** ☐**BF&M** ☐**Colonial** ☐**Hip** ☐**Future Care** ☐ **Other:**_____

Policy#_____**Group #**_____**ID#**_____

Are you the primary insured person: ☐ **Yes** ☐ **No**

If <u>no</u> Name of Primary_____

Their Date of Birth (MM-DD-Year)_____**Gender** ☐ **Male** ☐ **Female**

GENERAL INFOMATION

Physician's Name: _____P#_____

Do you have: ☐**High Blood pressure** ☐**Diabetes** ☐**Had a Heart Attack or Stroke** ☐**Renal Disease**

Have you had any of the following in the past six month: ☐**Physical exam** ☐**Bloodwork** ☐**Stress Test**

How did you learn about CORE?_____

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MEDICATIONS

List all of your current medications (name and dosage)

Missed Appointment/Late Cancel Policy

We feel the CORE relationship is built on mutual trust and respect. As such, we strive to be on time for your scheduled appointments, and ask that you give us the same courtesy. We understand that unforeseen circumstances occasionally occur and you will be unable to keep your scheduled appointment.

1. **Cancellation Policy**

- Cancellations can be made up until the ***start time*** of your appointment. If you fail to cancel, there is a missed session fee of $25 (nutrition appointments have a separate missed session fee) that will be implemented. Future appointments will be cancelled if payment is failed to be collected.
- A physical call must be made direct to your trainer as soon as possible. If you cannot reach any personnel, you MUST leave a voicemail or email notifying of cancellation. Providing that you have adhered to the cancellation policy you will not lose that session/visit.
- In the event of an early morning session, please phone the trainer and leave a voicemail/email as soon as possible as the trainer will check for messages in the morning.

2. **Lateness Policy**

- If you are late for a session, the session will not be extended and will end at the original appointment time.

Sign:_____

CORE PROGRAM CO-PAY FEE

The CORE program is covered by all major medical insurance companies with a $350.00 co-pay. This co-pay does not need to be paid all at once, please advise your preferred payment plan below.

☐ One time payment $350.00	☐ Two equal payments of $175.00	☐ Three payments
Sign:	Sign:	Sign:

Notes:_____

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