

**ADVANCED INTERVENTIONAL CARDIOLOGY CONSULTANTS**

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PATIENT INFORMATION- **PLEASE PRINT**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check here if this is an update

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Gender**

Female  Male

**Marital Status**

Single  Married  Divorced  Widow/er

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SS#** \_\_\_\_\_

**Home#** (\_\_\_\_) \_\_\_\_\_ **Cell Phone #** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**2<sup>nd</sup> Address (if applicable):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Referring Physician:** \_\_\_\_\_ **Tel#** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Tel#** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Identifiable Information:**

This information is used for identification purpose if we ever need to confirm your identity

**Mother's Maiden Name:** \_\_\_\_\_ **Languages Spoken Other than English** \_\_\_\_\_

**Email (print clearly):** \_\_\_\_\_

**Race:**

Black or African American  White  Asian  
 American Indian or Alaska Native  Native Hawaiian or Other Pacific Island

**Ethnicity:**

Hispanic  Non-Hispanic

**Dominant Hand:** Which hand do you use primarily?  Right  Left  Both

**How did you hear about our practice?**  Self-Referred  Physician referral  Advertisement: \_\_\_\_\_

**Patient's Signature:** \_\_\_\_\_

Print Name if other than Patient: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please present your insurance card/s and a picture ID to the front desk.**

FOR OFFICE USE ONLY:  PHI Alternative Means/Location On File Initials: \_\_\_\_\_