



Have a Heart Cardiology Program Enrollment Form
Congestive Heart Failure / Hypertension

Member Information

Member Name _____
 Member ID _____
 Member Phone _____
 Member E-mail _____
 Member Date of Birth _____

Provider Information

Current Primary Care Physician Name _____
 Name of PCP Group _____
 Current Cardiologist Name _____
 Name of Cardiology Group _____

I do not currently have a Cardiologist.

I would like to have an appointment with a cardiologist scheduled for me.

Member History

Do You Have a History of Congestive Heart Failure? YES NO
 (If yes) Date of Diagnosis _____

Have you previously had an echocardiogram? YES NO
 (If Yes) Date of test _____

Do you have a history of High Blood Pressure? YES NO

Last Blood Pressure Reading Results _____ Date _____

Do you have your own blood pressure cuff? YES NO

Please email completed form to haveaheart@wellhealthqc.com

For Internal Use Only

Received By _____ Date Received _____ Provider _____

Follow Up Notes _____