



JOIN THE CLUB

In an ongoing effort to provide our patients the best treatment available, we have dedicated part of our facility to the development and/or implementation of new and upcoming medication through research and clinical trials. Information provided on this form does not require or guarantee any participation on your part.

DATE: _____

NAME: _____ Birthdate: _____

ADDRESS: _____

PHONE: (home) (____) _____ (work) (____) _____

MEDICAL PROBLEMS:

High Blood Pressure

Arthritis

High Cholesterol

High Triglycerides

Diabetes

Heart Failure

Angina

Irregular Heart Beat

Leg Pain with Exercise

Other _____

Corresponding Medical History

1. _____ 3. _____

2. _____ 4. _____

Your M.D

_____ Sac Heart

_____ Other _____

If you are not a patient at Sacramento Heart, may we obtain a copy of your medical records? **Yes No**