



PACIFIC COAST  
CARDIOLOGY  
& RESEARCH

**PATIENT QUESTIONNAIRE**  
**(Please Print)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

The information here is optional.

What is your ethnicity or cultural background? Please check one or more boxes.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> White              | <input type="checkbox"/> Black                 | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Japanese              | <input type="checkbox"/> Native Hawaiian                  |
| <input type="checkbox"/> Chinese            | <input type="checkbox"/> Korean                | <input type="checkbox"/> Guamanian or Chamorro            |
| <input type="checkbox"/> Asian Indian       | <input type="checkbox"/> Filipino              | <input type="checkbox"/> Vietnamese                       |
| <input type="checkbox"/> Samoan             | <input type="checkbox"/> Other Ethnicity _____ |   |

What is your native language?

- English \_\_\_\_\_  Other \_\_\_\_\_

Do you require a translator?

- Yes \_\_\_\_\_  No \_\_\_\_\_

How did you hear about the practice? (Check one)

- Doctor Referral: Name of Doctor \_\_\_\_\_
- Employee of Pacific Coast Cardiology \_\_\_\_\_
- Patient Referral: Name of Patient \_\_\_\_\_
- I have been a patient for \_\_\_\_\_ years
- Internet \_\_\_\_\_
- Advertisement: Magazine \_\_\_\_\_
- Direct Mail \_\_\_\_\_
- Other \_\_\_\_\_

For your convenience, our electronic medical system gives us the capability of electronically sending your prescriptions directly to the pharmacy of your choice increasing efficiency and saving you time.

We will need the following information:

Pharmacy Name: \_\_\_\_\_

Location (Street and City only): \_\_\_\_\_