



# Paris Cardiology Center

**Khalid Shafiq, MD, FACC, FSCAI**

Diagnostic & Interventional Cardiology  
Diplomate American Board of Internal Medicine,  
Cardiovascular Disease and Interventional Cardiology

Dear New Patient:

Thank you for choosing Paris Cardiology Center as your cardiac care provider! We look forward to providing care for you and your family.

Enclosed you will find:

- 1. Demographic form:** name, address, insurance information, etc. Please fill out to the best of your knowledge.
- 2. Health History form:** knowing as much as possible about your Health History will help us tailor your health care to be as comprehensive as possible.
- 3. Release of Records form:** if you have records from a previous primary care provider that may have relevance, prior medical records, or if you would like a future copy of your records from Paris Cardiology Center for yourself, please fill out this form. Also, please bring any relevant medical records and current medications in original bottles to your first appointment.
- 4. Financial Policy Statement:** a summary of Paris Cardiology Center's policies. Please be sure to read policies and sign at the bottom.
- 5. Privacy Policy:** a summary of Paris Cardiology Center's privacy policy, including your rights regarding your child's Protected Health Information (PHI) and our responsibilities in safeguarding your information.

Please fill out these forms and bring them with you to your first appointment (to insure we have the information ready for their appointment, please arrive 15-20 minutes early).

Please feel free to call (903) 739-2700 or Toll Free (866) 871-2700 with any questions, and we look forward to being your cardiac care partner in the years to come!

**This package helps Dr. Shafiq and his staff to prepare for your New Patient appointment.**

**We have to put this information into the system before the doctor sees you.**

**You can mail it to us or bring it at the time of your Office Visit.**

**If this package is not filled out completely upon your arrival time, we will have to reschedule your appointment. It may delay your appointment further.**

**Thank you for your cooperation.**

**Front Desk  
Paris Cardiology Center  
Dr. Khalid Shafiq, MD**

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**Enclosed you will find forms that will need to be filled out before you come for your initial appointment at Paris Cardiology Center. In addition to these forms you will need to bring:**

- 1. Driver's license or ID**
- 2. Insurance card**
- 3. Your current medications or a list including name of medication, strength and dosage instructions.**

**Please call us with any questions you may have and we look forward to seeing you soon.**

**Thank you**

**Front Desk  
Paris Cardiology Center  
Dr. Khalid Shafiq, MD**

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**Patient Information Each Visit**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**PRIMARY INS:** \_\_\_\_\_

**2NDARYINS:** \_\_\_\_\_

**3RD INS:** \_\_\_\_\_

**Skilled Nursing Facility/Home Health/Hospice:**

**PHONE #:** \_\_\_\_\_

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**Patient Signature**

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**Date**

**PATIENT IS RESPONSIBLE IF INCORRECT INFORMATION IS PROVIDED!**