PATIENT ACKNOWLEDGEMENT & UNDERSTANDING OF WELLNESS SCREENING

v1.0

Patient Name: _____

Date of Birth: _____ / _____ / _____
month *day* *year*

Date of Screening: _____

Purpose of the Wellness Screening

This screening is part of a **preventive cardiovascular health evaluation** designed to identify potential early signs of vascular and heart-related conditions.

These tests are non-invasive and are intended to assist your **primary care provider** in determining whether further evaluation or follow-up is needed.

Important Information for the Patient

- This screening does not replace a comprehensive physical examination or ongoing medical care provided by your primary care provider or specialist.
- The screening is limited in scope and is designed specifically to detect certain cardiovascular abnormalities, such as heart rhythm issues, peripheral artery disease, carotid artery narrowing, and aneurysmal changes in the abdominal aorta.
- Results are screening-based and not diagnostic. A normal result does not eliminate the possibility of disease. Likewise, an abnormal result may require additional testing for confirmation.
- It is important that you share these results with your primary care physician, who can provide appropriate follow-up, diagnosis, and treatment recommendations based on your overall health and medical history.

Patient Acknowledgment

Please read and check each box:

☐ I understand that this screening is limited to specific cardiovascular assessments and is not a substitute for a full medical evaluation.

☐ I understand that this screening is not intended to diagnose or treat any medical condition.

☐ I understand that I should consult my primary care provider or a specialist regarding any findings or health concerns identified during this screening.

☐ I acknowledge that I have had the opportunity to ask questions and that all my questions regarding this screening have been answered to my satisfaction.

Printed Name of Patient: _____

Signature of Patient: _____ **Date:** _____

Clinic Representative / Witness: _____ **Date:** _____