

 The questions listed below are for reference only. **PLEASE DO NOT FAX THIS DOCUMENT.**

Patient Information	First name	Last name
	Member ID	Date of birth (MM/DD/YYYY)

Question 1	Which of the following findings were documented at the most recent encounter? [Required, Single Select] <input type="radio"/> Yes <input type="radio"/> No
Question 2	Does the patient have one of the following suspected conditions? [Required, Multi Select] <input type="checkbox"/> Suspected cardiovascular source of embolus <input type="checkbox"/> Symptoms or conditions potentially related to cardiac etiology, including but not limited to stroke or TIA