

## Patient Information

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

Phone or Email: \_\_\_\_\_

Location (City/Region): \_\_\_\_\_

**Preferred Contact Method:**

Phone     Email     Text     Other: \_\_\_\_\_

### Why I'm Reaching Out

I'm a local patient seeking support for **Postural Orthostatic Tachycardia Syndrome (POTS)**.

I've been experiencing symptoms such as:

- Rapid heart rate when standing
- Dizziness or lightheadedness
- Fatigue or exercise intolerance
- Brain fog or memory issues
- Other: \_\_\_\_\_

### What I'm Asking For

I'm hoping to connect with a provider who is:

- Open to learning about POTS
- Willing to explore diagnostic options
- Able to help with symptom management
- Comfortable making referrals if needed
- Other: \_\_\_\_\_

### Additional Health Context (Optional)

I also live with:

- Connective tissue concerns
- Sensory sensitivities
- Chronic fatigue or pain
- Other: \_\_\_\_\_

*(You can change or remove this section based on your situation.)*

### What I Can Share

I've prepared:

- A brief patient guide about POTS
- Symptom logs or health history
- Relevant documentation
- Other: \_\_\_\_\_

### Notes or Questions for Provider

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### Closing Message

Thank you for taking the time to read this.

I'm not asking for a diagnosis right away—just a collaborative conversation and a chance to be heard.

I'm flexible with telehealth or in-person visits depending on availability.