

## 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.