

Contact Information

Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and health care operations).

Name _____ Relationship _____ Phone # _____
Is this a: Cell Phone Home Phone Work Phone (please check one)

Name _____ Relationship _____ Phone # _____
Is this a: Cell Phone Home Phone Work Phone (please check one)

Please list the family members or other persons, if any, whom we may inform about your medical condition **ONLY IN AN EMERGENCY**:

Name _____ Relationship _____ Phone # _____
Is this a: Cell Phone Home Phone Work Phone (please check one)

Name _____ Relationship _____ Phone # _____
Is this a: Cell Phone Home Phone Work Phone (please check one)

Please print the address of where you would like correspondence from our office to be sent:

Please print the telephone number where you want to receive calls about your appointments, lab and test results, and other health care information:

Is this a: Cell Phone Home Phone Work Phone (please check one)
I am fully aware that a cell phone is not a secure and private line.

Can confidential messages be left on the voice mail associated with the above referenced phone number? Yes No

If you would like to receive correspondence via email, please print your email address:

I am fully aware that my personal health information will be transmitted by the internet and may not be secure and private.

Patient Name _____ Chart Number _____

Patient Signature/Guardian if under 18 years of age _____ Date _____