

PATIENT NAME: _____

1. Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis:

2. Please list the family members or significant others, if any, whom we may inform about your medical condition **ONLY IN AN EMERGENCY:**

NAME: _____ TELEPHONE# _____

NAME: _____ TELEPHONE# _____

3. Please print the address of where you would like your billing statements and/or correspondence from our office to be sent **if other than your home address:**

4. Please indicate if you want all correspondence from our office sent in a sealed envelope marked "Confidential". Yes___ No___

5. Please print the telephone number, if any, where you want to receive calls about your appointments, labs, and x-ray results, or other health care information **if other than your home phone number.**

6. Can confidential messages (i.e. appointment reminders) be left on your home answering machine or voicemail? Yes _____ No _____

7. Can confidential messages (i.e. appointment reminders) be left on your work voicemail? Yes _____ No _____

Patient/Guardian Signature _____ Date of Birth: _____

Date: _____