

# Patient Questionnaire

Internal Medicine/ Richard Gobao M.D., LLC

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: \_\_\_\_\_