

PATIENT CONTACT QUESTIONNAIRE

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

Name: _____ Phone: _____

Name: _____ Phone: _____

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

Name: _____ Phone: _____

Name: _____ Phone: _____

- III. 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**:

- IV. Please list any additional phone numbers, if any, to where you want to receive calls about your appointments, lab and x-ray results, or other health care information, **if other than your home phone number**:

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- V. Can confidential messages be left on your home answering machine or voicemail? _____ Yes _____ No

- VI. If you do not have voicemail, can a confidential message be left at your place of employment? _____ Yes _____ No

Signature of Patient or Legal Guardian

Witness

Relationship to Patient

Date