

PATIENT CONTACT QUESTIONNAIRE

I. Please list the 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 member 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 number, 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:**

(____) _____

V. Can confidential messages be left on you 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

Witness