

PATIENT QUESTIONNAIRE

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

\_\_\_\_\_  
\_\_\_\_\_

2. Please list the family members or significant others, if any, whom we should inform about your medical condition IN THE EVENT OF AN EMERGENCY:

NAME: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

3. Please indicate if you want ALL correspondence from our office sent in a sealed envelope marked "CONFIDENTIAL".

YES \_\_\_\_\_ NO \_\_\_\_\_

4. Please print the telephone number where you want to receive calls about your appointments, lab results or other health care information if other than your home phone number.

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

(I am fully aware that a cell phone IS NOT a secure and private line)

EMAIL: \_\_\_\_\_

5. Can confidential messages (i.e. appointment reminders) be left on your telephone answering machine or voicemail?

YES \_\_\_\_\_ NO \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

PATIENT / GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_