

PATIENT QUESTIONNAIRE

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

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

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 indicate if you want all correspondence from our office sent in a sealed envelope marked “CONFIDENTIAL”:

YES _____ NO _____

V. Please print the telephone number, if any, 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: (____) _____

VI. Can confidential messages (ie. appointment reminders) be left on your home answering machine or voicemail?

YES _____ NO _____

VII. If you do not have voicemail, can a confidential message be left at your place of employment?

YES _____ NO _____

PATIENT NAME _____ (guardian, if under 18 years)

PATIENT / GUARDIAN SIGNATURE

DATE