



Patient Questionnaire

1. Please list the name(s) and phone number(s) of a family member or other person, if any, whom we may inform about your *medical condition* and your *diagnosis*: _____

2. Please list the name(s) and phone number(s) of a family member or other person, if any, who may be authorized to discuss your billing statement:

3. If you would like us to use another phone number besides your home phone number to receive calls concerning appointments, lab results, x-ray results, or other health care information, please list:

4. Can appointment reminders be left on your home answering machine?

Yes _____ No _____

5. Can messages asking you to call our office concerning healthcare information be left on your home answering machine?

Yes _____ No _____

Your place of employment?

Yes _____ No _____

Patients Name (Please print): _____

Patient Signature: _____ Date: _____