



**You have my permission to contact me:**

- \_\_\_\_\_ On my home answering machine: \_\_\_\_\_  
Phone Number
- \_\_\_\_\_ At my workplace: \_\_\_\_\_  
Phone Number
- \_\_\_\_\_ On my workplace voice-mail: \_\_\_\_\_  
Phone Number
- \_\_\_\_\_ On my cell phone: \_\_\_\_\_  
Phone Number
- \_\_\_\_\_ At my cell phone voicemail: \_\_\_\_\_  
Phone Number
- \_\_\_\_\_ At the following number: \_\_\_\_\_  
Phone Number

**With whom may we discuss your medical information?**

- Spouse: \_\_\_\_\_  
Phone Number
- Children: \_\_\_\_\_  
Phone Number
- Sibling/s: \_\_\_\_\_  
Phone Number
- Parent/s: \_\_\_\_\_  
Phone Number
- Friend/s: \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Patient's Signature Date of Birth

\_\_\_\_\_  
Patient's Name Printed Today's Date