

Patient Name: _____

If we need to reach you for any reason (ie: lab results, appointment information, etc.) may we:

Call you at work? YES / NO/ NOT APPLICABLE

Leave a message on answering machine? YES / NO

Leave a message with relative? YES / NO

Contact you through your patient portal? YES / NO

Emergency Contact Information #1:

Name: _____

Telephone Number(s): _____

Relationship to Patient: _____

Emergency Contact Information #2 (Someone living outside of your home):

Name: _____

Telephone Number(s): _____

Relationship to Patient: _____

Do you have an Advance Directive (Living Will)? YES / NO

Power of Attorney: Name: _____

Telephone Number: _____

Relationship to Patient: _____

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Pharmacy: _____ Pharmacy Location: _____

Mail Order Pharmacy: _____

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Employer: _____ Occupation: _____