

Patient Name: \_\_\_\_\_

	<b>For appointment confirmations (included automated calls), may we reach you via:</b>		<b>How would you like to be contacted with medical information?</b>
	Home phone call-OK to leave voicemail		Home phone call – OK to leave voicemail
	Mobile phone call-OK to leave voicemail		Mobile phone call -OK to leave voicemail
	Mobile text		Work phone call – OK to leave voicemail
	Work phone call-OK to leave message		OK to speak to relative/another person
	Patient portal email		Patient portal email

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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: \_\_\_\_\_

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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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Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_