

What is the number we should use to call you? \_\_\_\_\_

Can we call you at home? Yes \_\_\_\_\_ No \_\_\_\_\_

Can we leave messages on answering machine at home? Yes \_\_\_\_\_ No \_\_\_\_\_

Can we call you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

Can we leave messages on voice mail at work? Yes \_\_\_\_\_ No \_\_\_\_\_

With whom may we discuss your health information?

Spouse \_\_\_\_\_

Parents \_\_\_\_\_

Family Member (name) \_\_\_\_\_

Friend (name) \_\_\_\_\_

Other \_\_\_\_\_

Is there anyone we should not call or talk to regarding your health information?

\_\_\_\_\_

\_\_\_\_\_

**Signature Of Patient/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_