



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

\_\_\_\_\_ On my home answering machine: \_\_\_\_\_  
Phone Number

\_\_\_\_\_ At my workplace: \_\_\_\_\_  
Phone Number

\_\_\_\_\_ On my workplace voicemail: \_\_\_\_\_  
Phone Number

\_\_\_\_\_ On my cell phone: \_\_\_\_\_  
Phone Number

\_\_\_\_\_ On 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(s)

Siblings: \_\_\_\_\_  
Phone Number(s)

Parents: \_\_\_\_\_  
Phone Numbers(s)

Friends: \_\_\_\_\_  
Phone Number(s)

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

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