

## CONTACT INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please indicate your preferences below regarding how we may contact you:

**Contact Information:**

Is it ok to leave a message?

Cell Number: \_\_\_\_\_

Yes  No

Home Number: \_\_\_\_\_

Yes  No

Work Number: \_\_\_\_\_

Yes  No

Email address: \_\_\_\_\_

Yes  No

**Preferred Method of Contact:**

Cell     Text     Email     Home     Work

Is it ok to send you an appointment reminder? Yes  No

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_  Cell     Home

The duration of this authorization is indefinite unless otherwise revoked in writing.

\_\_\_\_\_  
Signature of Patient / Client / Legal Guardian

\_\_\_\_\_  
Date