

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