

RENAL PHYSICIANS PATIENT QUESTIONNAIRE

Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis (if the person calls our office):

Can messages be left with a family member or non-family member that resides / or answers your home phone if you are not available? _____ Yes _____ No
(Example: Lab results or instructions from the physician)

If yes, please give the name(s) of the person(s) that information may be left with:

In case of an emergency situation, please give the names of 2 family members or other persons that we may contact (please list one contact that does not live with you):

Name _____ Phone Number _____

Name _____ Phone Number _____

Please print the address of where you would like your billing statements and/or correspondence from our office to be sent if other than your home address.

Please print the telephone number where you want to receive calls about your appointments, lab and x-ray results, or other health care information **if other than your home phone number**:

****I am fully aware that a cell phone is not a secure and private line.** _____ (initials)
(Please initial even if you do not have a cell phone)

Can confidential messages (appointment reminders, lab results, medication changes, or other health information) be left on your telephone answering machine or voicemail:

_____ Yes _____ No

Patient Name (Please Print): _____

Patient Signature: _____

Guardian Signature: _____

Date: _____

05/21

Please date initial after reviewed:

Initial date: _____ Initial date: _____ Initial date: _____