

Doctor's Family Clinic and Immediate Care Communication Form



What phone number should we use to contact you? _____

Can we leave a voicemail regarding an appointment? _____yes _____no

Can we leave a voicemail about lab or x-ray results? _____yes _____no

Can we leave a voicemail about your account? _____yes _____no

In the future, would you like to be able to communicate with our clinic by email? This may include test results and information about new services that we are offering.
_____yes _____no

If so, what is your email address? _____

Are there any family members that we can discuss your personal health information with? _____ yes _____ no

If yes, their name(s) _____

Are there restrictions as to what we may discuss with the above named person?
_____yes _____no

If yes, what are the restrictions? _____

I have read and answered the above questions to the best of my ability. I have been informed that I may change any of this information by requesting a new communication form. It is my responsibility to update Doctor's Family Clinic if any of my information changes.

Signature

Date