



Contact Preferences Form

As you have likely noticed, we have recently switched to an electronic medical records system. In order to ensure that we have the most up to date contact information for you, we ask that you take a few minutes to complete this form. **Please complete both sides.**

Patient Name: _____

Date of Birth: _____

Contact Numbers

Please list any numbers you would like us to have. In the boxes, please indicate the order you would like us to call. **Write 1 for the preferred number, 2 for the second option, and so on.**

Home Phone:_(_____)_____ Comments_____

Cell Phone:_(_____)_____ Comments_____

Alternate Phone:_(_____)_____ Comments_____

Alternate Phone:_(_____)_____ Comments_____

Appointment Reminders

How would you like to be reminded of upcoming appointments?

Text Message (Please make sure you listed a cell phone number above)

Email: _____ (Please clearly print your e-mail address)

Voice call to your preferred number above

I do not wish to receive notifications

May we leave a detailed message on your answering machine or voicemail?

Yes No Comment: _____

Additional Information

If you have specific comments or any information you feel like we need to know, write it here.

Patient

Signature: _____

Date: _____