

# Contact Information

Name: \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ (Home Work Cell )

Best time to reach you at this number: \_\_\_\_\_

Is it okay to leave a message on this phone number? Yes No

Is it okay to text you to this number about brief matters? Yes No

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

Would you like to use a secure encrypted email messaging system to communicate with me?

Yes No

## Appointment Reminder:

Please choose ONE method to receive appointment reminders.

Email

Text

Voice mail

I do not want appointment reminders.

## Emergency Information

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

Phone numbers: \_\_\_\_\_

## Receipt Information

Will you be requesting a bill? Yes No

If yes, please check one:

Bill is for self-filing insurance (requires a diagnosis, and we will discuss this.)

Bill is for flex spending (No diagnosis required. Shows as health care spending.)

Bill is only for my personal record (Date and paid amount only.)