**Your Communication Preferences**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your preferred contact phone (complete all and check ONLY top choice)

Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

May we leave detailed messages at preferred phone? Yes No

May we use unencrypted email to reach you? Yes No

May we speak freely with spouse or significant other? Yes No

May we speak freely with emergency contact? Yes No

May we fax protected medical information to your fax number? Yes No

Alternative Communication Preferences: (You may provide as many alternate communication preferences as you wish)

Name:

Telephone Number:

Relationship:

May we speak freely with this person? Yes No

Name:

Telephone Number:

Relationship:

May we speak freely with this person? Yes No

Name:

Telephone Number:

Relationship:

May we speak freely with this person? Yes No

Name:

Telephone Number:

Relationship:

May we speak freely with this person? Yes No