

# Patient Permission for Discussion of Health Care

DATE \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

May phone patient at work? ☐ Yes ☐ No

May leave messages on answering machine? ☐ Yes ☐ No

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## CONTACT #1

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

HOME/CELL PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

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## CONTACT #2

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

HOME/CELL PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

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## CONTACT #3

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

HOME/CELL PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

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## CONTACT #4

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

HOME/CELL PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_