

HOUSTON NEUROLOGY ASSOCIATES

1. Please list the family members or other person, if any, whom we may inform about your general medical condition:

2. Please list the family members or significant others, if any, whom we may inform about your medical condition **ONLY IN AN EMERGENCY**:

3. Please list the address of where you would like your billing statements and/or correspondence from our office to be sent to if other than your home:

4. Please indicate if you want all correspondence from our office to be sent in a sealed envelope marked "CONFIDENTIAL". YES NO

5. Please print the telephone number, if any, where you want to receive calls regarding your appointments, lab and x-ray results, or other health care information if other than your home number: () _____ - _____

6. Can confidential messages be left on your home answering machine or voicemail? YES NO

7. If you do not have a voicemail, can a confidential message be left at your place of employment? YES NO NA

PATIENT'S NAME (PRINTED) : _____
(guardian if under 18)

PATIENT'S SIGNATURE _____ DATE _____