

# Patient Communication Preferences and Contact Form

Please complete this form to update your contact information and indicate your communication preferences. This form is prepared for printing.

## 1. Patient Information

Last Name:

First Name:

Middle Initial:

Date of Birth (MM/DD/YYYY):

## 2. Contact Details

Primary Phone Number:

Alternative Phone Number:

Email Address:

## 3. Communication Preferences

Preferred Method of Contact (Write "Phone", "SMS/Text", or "Email"):

May we leave a detailed voicemail? (Write "Yes" or "No"):

May we send automated appointment reminders via text? (Write "Yes" or "No"):

## 4. Emergency Contact

Emergency Contact Full Name:

Relationship to Patient:

Emergency Contact Phone Number:

## 5. Patient Authorization

By signing below, I authorize the healthcare provider to contact me according to the preferences indicated above.

Patient/Guardian Signature:

Date (MM/DD/YYYY):

