

Your Communication Preferences

Your preferred contact phone (circle top choice)	Cell	Home	Work
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 from previous page?	Yes	No	
May we speak freely with emergency contact from previous page?	Yes	No	
May we fax protected medical information to your fax number above?	Yes	No	

Please use the following lines to enter any other information to help in our communications. For example, you might enter other phone numbers for you; names and numbers for children or parents, your assistants, and so on. For each, please indicate the relationship and the kinds of things for which we should reach out to them. Please also indicate any more general communication preferences, if any pertain.

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