

Adult Contact Info

Name: _____ Date of Birth: _____



How to Contact Me

Best phone number: _____ Home Work Cell Other: _____

Other phone number: _____ Home Work Cell Other: _____

Other phone number: _____ Home Work Cell Other: _____

If unable to reach me: you may leave a detailed message you may leave a message asking me to return your call

I prefer to receive important reminders by (*check all that apply*): Email Phone Patient Portal Text Message

My Relationships

These are my important relationships including emergency contacts and people who may access my health information*

Name: _____	Phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Date of birth (if known): _____	<i>Check all that apply:</i> <input type="checkbox"/> Authorized to access my health information * <input type="checkbox"/> Emergency contact
Relationship to me: _____	<input type="checkbox"/> Caregiver
Name: _____	Phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Date of birth (if known): _____	<i>Check all that apply:</i> <input type="checkbox"/> Authorized to access my health information * <input type="checkbox"/> Emergency contact
Relationship to me: _____	<input type="checkbox"/> Caregiver
Name: _____	Phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
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Relationship to me: _____	<input type="checkbox"/> Caregiver
Name: _____	Phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Date of birth (if known): _____	<i>Check all that apply:</i> <input type="checkbox"/> Authorized to access my health information * <input type="checkbox"/> Emergency contact
Relationship to me: _____	<input type="checkbox"/> Caregiver

* I authorize Family Physicians of Greeley to disclose my health information – including visit records, diagnoses, treatments and test results – to the people identified above. This authorization will remain in effect until terminated by me in writing.

Signature: _____ Today's Date: _____