

ALI KALAMCHI, M.D., P.A.

Patient Questionnaire

1. Please list the name (s) and phone number (s) of a family member or other person, if any, whom we may inform about your medical condition and your diagnosis:

2. Please list the name (s) and phone number (s) of a family member or other person, if any, whom we may contact in an emergency:

3. Please list the name (s) and phone number (s) of a family member or other person, if any, who may be authorized to discuss your billing statement.

4. If you would like us to use another phone number besides your home phone number to receive calls concerning appointments, lab results, x-ray results or other health care information, please list below:

5. Can appointment reminders be left on your home answering machine?

Yes _____

No _____

6. Can messages asking you to call our office concerning healthcare information be left on your home answering machine?

Yes _____

No _____

Your place of employment?

Yes _____

No _____

Patient Name (please print): _____

Patient Signature: _____ Date: _____