

VHS Outpatient Clinic, Inc.

Patient Communication Sheet

Patient Name: _____

Date: _____

1. What number may we call you at?

() - _____

2. May we leave a message on your voice mail or answering machine?

_____ (YES) _____ (NO)

3. Is there anyone other than yourself that you authorize us to speak to on behalf of your medical care? If so, please list name and relation.

(please print name)

(relation to patient)

4. Do you have any other communication restrictions or authorizations that you would like to make known to us? If so, please fill in information below.

