



PATIENT RELEASE OF INFORMATION QUESTIONNAIRE

Patient Name: _____

- Please list the family members or other persons, if any, whom Advanced Vein Care Solutions may inform about your general medical condition and your diagnosis.

- Please list the family members or other persons, if any, whom Advanced Vein Care Solutions may inform about your medical condition **ONLY IN AN EMERGENCY**.

- Please print the e-mail where you would like to be contacted about your appointments, lab, and x-ray results, or other healthcare information.
(*I am fully aware that e-mail is not a secure means of communication*).

- Please print the telephone number where you want to receive calls about your appointments, lab and x-ray results, or other healthcare information, if other than your home phone number. **(*I am fully aware that a cell phone is not a secure and private line*)**

- Can confidential messages (i.e. appointment reminders) be left on your telephone answering machine or voicemail?

YES _____ **NO** _____

- Do you currently have a Power of Attorney (POA) or Living Will?

YES _____ **NO** _____

Patient/Guardian/POA Signature: _____

Date: _____