

A Family Wellness Center

330 NE 102nd Avenue Portland, OR 97220

Ph: (503) 252-9181 Fax: (503) 252-6161

PATIENT PREFERRED CONTACT FORM

Name			
<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Date of Birth</i>
Address			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

	Can We Leave Confidential Messages at this Number? (Circle Yes or No)		Preferred Contact? (Check One)
Home Phone _____	Yes No		<input type="checkbox"/>
Work Phone _____	Yes No		<input type="checkbox"/>
Cellular Phone _____	Yes No		<input type="checkbox"/>
Other Phone _____	Yes No		<input type="checkbox"/>
Email Address _____	Email is not a secure form of communication, please choose a phone number above that we may use to relay confidential messages.		<input type="checkbox"/>

INSURANCE INFORMATION

Name of Insurance Company _____

ID Number _____ Group Number _____

Member Name (if different than patient) _____

Are you interested in receiving information about A Family Wellness Center through email?	Yes	No
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Office Use Only:
 Ins.Verified/Copied ___ Medisoft ___
 Pt.Rolodex ___ Email ___

Please Sign and Date on the Backside indicating that the above information is accurate.

By Signing below, you confirm that the information you have provided on the reverse side is both accurate and current to this date.

