



**ADVANCED INTERVENTIONAL  
PAIN CONSULTANTS**

**FAMILY AND FRIENDS CONTACT FORM**

Patient name: \_\_\_\_\_ Patient date of birth: \_\_\_\_\_

Persons who are involved in your care (family, friends, other doctors, etc.) may inquire about your treatment, lab results, prescriptions, etc. Please let us know who we may share information with. (Please note: In emergency situations or other situations outlined in our Notice of Privacy Practice we may share information with others who are not specifically listed on this form.)

Please list other people (including Family, Friends, Previous Treating Physicians, your Family Doctor (PCP), and other doctors/specialists) with whom we may share your information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

What is the best phone number for us to contact **you**? \_\_\_\_\_

What is your **e-mail** address? \_\_\_\_\_

From time to time we will leave a message for you on an answering machine, voice mail, or with another individual in your absence. Is it OK for such message to include details such as diagnosis and medication information at this number? \_\_\_\_\_

What other ways may we contact you? Please list any that are acceptable to you:

Home #: \_\_\_\_\_ Is it OK to leave a detailed message at his number in your absence? \_\_\_\_\_

Work #: \_\_\_\_\_ Is it OK to leave a detailed message at his number in your absence? \_\_\_\_\_

Cell #: \_\_\_\_\_ Is it OK to leave a detailed message at his number in your absence? \_\_\_\_\_

Other #: \_\_\_\_\_ Is it OK to leave a detailed message at his number in your absence? \_\_\_\_\_

\_\_\_\_\_  
**Signature of Patient or Legal Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print name of Patient or Legal Representative Relationship to patient**