

LOUDOUN COMMUNITY MIDWIVES
TELEPHONE COMMUNICATIONS

Patient Name: _____

Date of Birth: _____

I wish to be contacted in the following manner (please initial all that apply)

HOME Phone # _____

_____ OK to leave detailed message on home answering machine (this includes test results, pre-op info, follow-up info, etc)

_____ Leave message with call back number only

_____ Do not call my home phone

CELL Phone # _____

_____ OK to leave detailed message

_____ Leave message with call back number only

_____ Do not call my cell phone

WORK Phone # _____

_____ OK to leave detailed message

_____ Leave message with call back number only

_____ Do not call my work phone

Circle the best method to contact you: Home Cell Work

I UNDERSTAND THAT I MAY CHANGE MY METHODS OF CONTACT AT ANY TIME BY WRITTEN CONSENT.

Patient/Representative Signature

Date