

# Client Contact Information

**Patient's Name** (please print) \_\_\_\_\_

**1. Patient's Home Address:** \_\_\_\_\_

**2. Patient's Mailing Address (if different from home address):**  
\_\_\_\_\_

**3. Must correspondence from this office be sent in a sealed envelope marked "confidential":** Yes \_\_\_\_\_ No \_\_\_\_\_

**4. Please print numbers that can be called for appointment, health matters**

Home \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

**5. Can this office leave telephone voice-mail messages concerning scheduling?**  
Yes \_ No \_\_\_\_

**6. Can Country Well email to you related services and seminars sponsored by us?**  
Yes \_\_\_\_ No \_\_\_\_

**8. Your email address** \_\_\_\_\_

**9. Please list the persons with whom we may inform about your health condition and your treatment including family, physicians, friends:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Patient's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

In the Case of a Minor

**Legal Guardian's Name (print)** \_\_\_\_\_

**Legal Guardian's Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_