Oak Hills Women's Center, P.A.
Bernard R. Cavazos, Jr., M.D.
Allison R. Cavazos, M.D.
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Patient Questionnaire

Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis:

Please list the family members or significant others, if any, whom we may inform about your medical condition ONLY IN AN EMERGENCY:

Please print the address of where you would like billing statements and/or correspondence from our office to be sent if other than your home:

Please indicate if you want all correspondence from our office sent in a sealed envelope marked "CONFIDENTIAL"
YES: _____ NO: _____

Please print the telephone number, if any, where you want to receive calls about your appointments, lab and x-ray results, or other health care information if other than your home phone number:

Can confidential messages (i.e. appointment reminders) be left on your home answering machine or voicemail?
YES: _____ NO: _____

If you do not have a voicemail, can a confidential message be left at your place of employment?
YES: _____ NO: _____

Patient Name: _____ (guardian if under 18 yrs)

Patient/Guardian Signature: _____ Date: _____

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