



9 COMMONS STREET,  
RUTLAND, VT 05701  
(802) 779-7522 Fax: (802) 735-9662

### PATIENT CONTACT INFORMATION

This information will be placed in your confidential medical record and will be used exclusively by the medical practice to facilitate your care.

**Please PRINT - thank you!**

_____		_____	_____
Last Name		First Name	M.I.
_____		_____	
Address		City, State, Zip	
_____		_____	
Date of Birth	Your Email Address or that of a trusted contact		

_____	_____	_____
Home Phone #	Work Phone #	Cell Phone #
Please indicate your preferred contact phone # <i>(circle one)</i> :		
	Home	Work
May we leave a detailed message at your preferred phone #?	Yes	No

_____	_____	_____
SPOUSE / PARTNER Last Name	First Name	Phone #s
_____	_____	_____
LEGAL GUARDIAN Last Name	First Name	Phone #s
_____	_____	_____
Other Contact for DEPENDENT Adult Last Name	First Name	Phone #s
_____	_____	_____
EMERGENCY ONLY CONTACT Last Name	First Name	Phone #s

May we release your medical information to anyone listed above? If yes, who?  
\_\_\_\_\_

May we leave medical information with anyone if unable to reach you? If yes, who?  
\_\_\_\_\_

Please list your medical health insurance and policy #; *please present your insurance card(s) at your 1<sup>st</sup> visit*

Name _____	Policy # _____
Name _____	Policy # _____

[ ] I acknowledge, that I have received the Notice of Privacy Practice document. Please Initial \_\_\_\_\_