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**RICHARD C. GROSSMAN, D.O.**  
**METROPOLITAN SURGICAL SPECIALTIES**

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**PATIENT QUESTIONNAIRE**

1. Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and health care operations):

\_\_\_\_\_

\_\_\_\_\_

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

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

3. Please indicate if you want all correspondence from our office sent in a sealed envelope marked "CONFIDENTIAL":

4.

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Please print the telephone numbers where you want to receive calls about your appointments, lab and x-ray results, or other health care information if other than your home or work number: \_\_\_\_\_

***\*I am fully aware that a cell phone is not a secure and private line.***

6. Can confidential messages (i.e. appointment reminders) be left on your telephone answering machine or voicemail?

7.

Yes \_\_\_\_\_ No \_\_\_\_\_

8. E-mail address: \_\_\_\_\_

Can confidential messages be sent to your e-mail regarding appointments, upcoming seminars or special discount offers in our office?

Yes \_\_\_\_\_ No \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ (guardian if under 18 years)

\_\_\_\_\_  
PATIENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE