

# AUSTIN SURGEONS, P.L.L.C.

3901 Medical Parkway, Suite 200, Austin, Texas 78756

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## PATIENT CONTACT INFORMATION

1. **Please list the family members or other persons, if any, whom we may inform/answer questions about general medical conditions and your diagnosis.**

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Child(ren): \_\_\_\_\_ Phone: \_\_\_\_\_  
Friend(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Other: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Same as above:      Spouse      Parent(s)      Child(ren)      Friend(s)      Other and/or list below:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. **Please print the address where you would like correspondence from our office to be sent, if other than your home address:**

\_\_\_\_\_ Same as Home      Other: \_\_\_\_\_

4. **Please print the number(s) where you want to receive calls about your appointments, lab and / or x-ray results, or other health care information.**

\_\_\_\_\_ Same as Home      Cell: \_\_\_\_\_ Work: \_\_\_\_\_

5. **Please circle number(s) where we can leave messages:      Home      Work      Cell**

6. **Please list the pharmacy and phone number you would like your prescriptions called into.**

Pharmacy Name & Location: \_\_\_\_\_ Phone: \_\_\_\_\_

7. **Do you have a living will?** \_\_\_\_\_ Yes \_\_\_\_\_ No

8. **Do you have a Power Of Attorney?** \_\_\_\_\_ Yes \_\_\_\_\_ No, If yes complete information below:

Name of Person: \_\_\_\_\_ Phone: \_\_\_\_\_

9. **I acknowledge receipt of the Notice of Privacy Practices:** \_\_\_\_\_ Yes \_\_\_\_\_ No

10. **How did you learn about our office:**

\_\_\_\_\_ Referring Physician      \_\_\_\_\_ Our Web Site      \_\_\_\_\_ Print/Advertisement  
\_\_\_\_\_ Friend / Family      \_\_\_\_\_ Insurance Web Site      \_\_\_\_\_ Other: List below  
\_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date