HARNETT HEALTH
Physician Office Practices
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

Name: _____ Relationship: _____
Name: _____ Relationship: _____

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

Name: _____ Relationship: _____ Phone Number: _____
Name: _____ Relationship: _____ Phone Number: _____

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

_____

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

5. Please print the telephone number 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: _____ "**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? ☐ YES ☐ NO **(If no, you will not receive an appointment reminder.)**

7. Would you like to participate in the activation of FollowMy Health? ☐ Yes ☐ No

Using FollowMyHealth, you can:

- Communicate with your care team
- Access your test results
- And more…..
- View your recent clinic visits
- Request Prescription Renewals

To join please provide your email where your activation code will be sent: _____

8. I have been given a copy of my Patient Rights and Responsibilities. ☐ YES ☐ NO

9. I have been given a copy of the Joint Notice of Privacy Practices. ☐ YES ☐ NO

10. Advance Directives: Please check appropriate box.

Health Care Power of Attorney	☐ NO
	☐ NO
Living Will	☐ NO

ou supplied us with a copy

Patient/Legal Representative Signature: _____ Date: _____ Time: _____

Print Name: _____ Relationship to Patient: _____

Witness Signature: _____ Date: _____ Time: _____

Print Name: _____