



**PATIENT INFORMATION & CONTACTS**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: Home: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\* May we leave messages with test results? YES  NO

If you would like to authorize us to speak with a relative, please indicate below:

YES

- I \_\_\_\_\_ authorize RehabHealth to communicate with (contact name and relationship) \_\_\_\_\_, concerning test results/appointments/medications/ect.
- Contact's phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

NO

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**PHARMACY INFORMATION**

Pharmacy Name: \_\_\_\_\_

Pharmacy Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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**MEANINGFUL USE INFORMATION**

*The following questions are elective.*

Ethnicity:  Non-Hispanic  Hispanic  Decline to answer

Race: \_\_\_\_\_  Decline to answer

Primary Language: \_\_\_\_\_  Decline to answer