

Oak Hills Women's Center, P.A.

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9639 Huebner Rd.
San Antonio, Texas 78240

Patient Questionnaire

Please list the family members or other persons, if any, whom we may inform about your general medical conditions and your diagnosis:

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

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

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

Please print the telephone number, if any, 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:

Can confidential messages (i.e. appointment reminders) be left on your home answering machine or voicemail? YES: _____ No: _____

If you do not have a voicemail, can a confidential message be left at your place of employment? YES: _____ No: _____

Patient Name: _____ (Guardian if under 18 yrs.)

Patient/Guardian Signature: _____ **Date:** _____