



Nadim M. Zacca, M.D., F.A.C.C., P.A.
CARDIOVASCULAR DISEASE

PATIENT QUESTIONNAIRE

- 1. Please list all 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 family members of significant others, if any, whom we may inform about your medical condition **ONLY IN AN EMERGENCY**:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

- 3. Please print the address where do you would like your billing statements and/or Correspondence from our office to 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 numbers where you want to receive calls about your Appointments, lab and X-ray results or other health care information, other than your home Numbers: _____

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

Can confidential messages (i.e., appointment, reminders) be left on your answering machine or voice mail? Yes: _____ No: _____

Patient Signature _____ Date: _____