

**Jose M Pavia, MD, Inc.**

13768 Roswell Ave, Suite 101  
Chino, CA 91710

**Patient Questionnaire**

Please list the family members or significant others, if any, whom we may inform about your medical condition ONLY IN AN EMERGENCY: (include phone number)

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

Please print the address or where you would like your 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:

( ) \_\_\_\_\_ (I am fully aware that a cell phone is not a secured line)

Can confidential messages (i.e. Appointment reminders, normal results) be left on your home answering machine or voicemail?

YES  NO

If you do not have voicemail, can a confidential message be left at your place of employment?

YES  NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

If not signed by the patient, please indicate relationship:

**Parent or guardian of minor patient**

**Guardian or conservator of an incompetent patient**

\_\_\_\_\_  
Print Name of Patient and Date of Birth