



Naper Clinical Behavioral Services

800 East Diehl Road ♦ Suite 100 ♦ Naperville, Illinois 60563

Office (630)577-1577 Fax (630)577-1555

Patient's Name _____ DOB _____

PHONE MESSAGE INFORMATION RELEASE

Would you give us your permission to leave message about appointment time? Yes or NO

Circle one

If yes, please list your preferred phone numbers (_____) _____

Please list any persons with whom we MAY leave detailed message:

<i>Name</i>	<i>phone #</i>	<i>Relationship to patient</i>

APPOINTMENT REMINDER AUTHORIZATION:

Would you like to receive appointment reminders the day prior to your appointment? Yes No

Circle type of reminder: email text both

Please indicate the email or phone number you would like appointment reminder sent to:

_____@_____ (_____)_____-_____

Signature / Date

Answering machines and voice mail must have an identifying message to confirm these are your numbers for example; "You have reached Mary Smith"

Emergency Contact

Contact #1
Name _____ their relationship to patient _____

Address _____

Home # (_____) _____ Cell # (_____) _____ Work # (_____) _____

Patient's signature _____ **Date** _____

Print name _____

Patient

Parent/guardian's signature _____ Date _____

Print name _____

Parent/Guardian