



Houston IVF

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Medical Director

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Medical Director

PATIENT QUESTIONNAIRE

I. Please list the family members or other person, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and health care operations):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

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

Name: _____ Phone: _____

Name: _____ Phone: _____

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

IV. Please indicate if you want all correspondence from our office sent in a sealed envelope marked 'CONFIDENTIAL':

YES: _____ NO: _____

V. Please print the telephone number 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 message (i.e., appointment reminders) be left on your telephone answering machine or voicemail?

YES: _____ NO: _____

**I am aware that a cell phone is not a secure and private line. In addition, I am aware that my health information can be transmitted by electronic transmission, fax transmittal, internet, or email.*

Houston IVF, PA has a contractual relationship with Houston IVF Management Company, L.P., which provides services to patients of Houston IVF, PA. Dr. Hickman or Dr. McKenzie may receive directly or indirectly, remuneration for securing or soliciting you, the patient, to receive services by Houston IVF Management Company, L.P.

PATIENT'S SIGNATURE: _____ **DATE:** _____

SPOUSE'S SIGNATURE: _____ **DATE:** _____