



Patient Questionnaire

Patient's Name

1. List the family members or other person whom we may inform about your general medical condition and your diagnosis.

Name: _____ Phone: _____ Relation _____

Name: _____ Phone: _____ Relation _____

2. List the family members or others whom we may inform about your medical condition **ONLY IN AN EMERGENCY**.

Name: _____ Phone: _____ Relation _____

Name: _____ Phone: _____ Relation _____

3. Do you have any advanced directives? Yes No
4. Do you have a Power of Attorney? Yes No

Name: _____ Phone: _____

5. Please list the address where you would like your billing statements and/or correspondence from our center to be sent if other than your home.

6. Do you want all correspondence from our center sent in a sealed envelope marked "Confidential"? Yes _____ No _____

7. Please list the phone number where you want to receive calls about your health care information, appointments or test results if other than your home phone number.

8. Can messages from CFKC be left on your home answering machine? Yes No
9. Can messages from CFKC be left at your place of work? Yes No

Signature

Date

Outpatient Dialysis Facilities Serving Orange County, Osceola County, Seminole County

Corporate Office - 203 Ernestine St - Orlando, FL 32801

Ph: 407.843.6110 - Fx: 407.425.1526



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