

Visitor Information Form



For your safety and privacy we are required to ask you about your preferences for anyone who joins you in the examination room.

Patient Name _____ **Date** _____

1. Do you want to have someone with you in the exam room today?

YES NO

2. Name of Visitor _____

3. Relationship _____

4. Reason _____

5. Would you want us to discuss your personal health information with this person present?

YES NO

6. Do you want them to be asked to leave at any point in the appointment?

(We routinely ask visitors to leave during a physical examination.)

YES NO

7. With whom may we share your personal health information?

Only myself

Myself and _____

Signature _____

IN COOPERATION WITH

