

**Pediatric and Adolescent Medicine**  
**M. Jean Strength, M.D.**  
**1710 W. 287 Business Suite, 100**  
**Phone: 972-937-1221**  
**Fax: 972-937-8934**

**PATIENT QUESTIONNAIRE**

Patient Name: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the family members of significant others, if any, whom we may inform about medical condition **ONLY IN AN EMERGENCY**:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please print the telephone number where you want to receive calls about your appointments, labs and x-ray results, or other health care information if other than your telephone number: \_\_\_\_\_

\* I am fully aware that a cell phone is not a secure and private line.

Can confidential messages/text (i.e. appointment reminders) be left on your telephone answering machine or voice mail?

\_\_\_\_\_ yes                      \_\_\_\_\_ No

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_