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Adult Neurology Board Certified

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PATIENT QUESTIONNAIRE

I. Please list the family members or other persons, if any, whom we may inform about your general condition and your diagnosis:

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

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, if any, where you want to receive calls about your appointments, labs and x-ray results, or other health care information if other than your home phone number:

(_____)

VI. Can confidential messages (i.e. appointment reminders) be left on your home answering machine or voicemail? Yes No

VII. If you do not have voicemail, can a confidential message be left at your place of employment?

Yes No

Patient Name: _____ (Guardian if under 18 years)

Patient's Signature: _____ Date: _____