

# FAMILY PRACTICE ASSOCIATES, P.C.

433 Summit Blvd, #201 ♦ Broomfield, CO 80021  
Phone: 303-673-9090

## Preferred Method of Contact (For patient, **not** an emergency contact)

### FIRST choice of contact:

Home  Cell  Work  Other

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Ok to leave detailed message:  Yes  No

### SECOND choice of contact:

Home  Cell  Work  Other

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Ok to leave detailed message:  Yes  No

If we are unable to reach you by your preferred method on two separate days, a letter will be sent to your home address.

\_\_\_\_\_  
Patient Name (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient Signature (or Responsible Party)

\_\_\_\_\_  
Date