

# 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

