

Thank you for taking the time to complete our Patient Communication Choices form. Home Care Physicians requires this form because it's extremely important for us to be aware of who we can communicate with regarding your care in the home. On page one please indicate any and all personal representatives who are allowed to participate in your care. Please keep in mind it's a good idea to include any family members or care givers who actively need to communicate or report updates to our office. If we are going to call back with medical advice, answer questions or give out information to someone other than the patient they need to be listed on this form.

Page two allows us to confirm the best contact phone numbers for us to reach you at and indicates if we are allowed to leave a detailed message. If you do not grant permission for us to leave voicemail then you will only receive a general message to contact our office back at your convenience if we are unable to reach you.

Please either return this form to one of our staff members during your home visit, mail or fax the information back to our office.

If you have any questions please contact us at **630-614-4960**

Home Care Physicians sincerely thanks you for your cooperation

Home Care Physicians
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Wheaton, IL, 60187
Phone: 630-614-4960
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