



PATIENT REGISTRATION DOCUMENTS

Telephonic Communication Consent

I, _____ give YOUR HEALTH AND WELLNESS permission to contact me and leave a detailed message at the above mentioned phone number(s) regarding my personal health information if not available at the time of the phone call. I understand that by providing a number in the above-mentioned area, I am authorizing YOUR HEALTH AND WELLNESS to leave a detailed message on the number(s) provided.

Signature

Date

Consent for Treatment

I give permission for YOUR HEALTH AND WELLNESS to provide me with medical care in accordance with the standards of care within the community and the realm of medical necessity as deemed appropriate by a medical provider.

Signature

Date