

KASSAMO DAYEMO, M.D.
Gastroenterology, Board Certified

PATIENT QUESTIONNAIRE

1. Please list the family members or significant others, if any, whom we may inform about your general Medical condition and diagnosis for EMERGENCY:

2. Please print the mailing address of where you would like your billing statements and / or correspondence from our office to be sent if other than your home:

3. Please indicate if you want all correspondence from our office sent in a sealed enveloped marked “CONFIDENTIAL”:

_____ YES _____ NO

5. Please print the telephone number, if any, where you want to receive calls about your appointments, lab and x- ray results, or other health care information if other than your home phone numbers:

() _____.

6. Can confidential messages (i.e. appointments reminders) be left on your home answering machine or voicemail?

_____ YES _____ NO

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

_____ YES _____ NO

Patient Name: _____ Date: _____

Signature: _____