

Mukesh C. Saraiya, M.D.

PATIENT'S FULL NAME: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

INSTRUCTIONS FOR LEAVING MESSAGES AND/ OR DISCLOSING YOUR
PERSONAL HEALTH INFORMATION

OK TO GIVE INFORMATION TO SPOUSE YES NO

OK TO LEAVE INFORMATION ON ANSWERING MACHINE YES NO

OK TO GIVE INFORMATION TO PARENT/CHILDREN YES NO

OK TO GIVE INFORMATION TO CAREGIVER YES NO
(PLEASE SPECIFY): _____

OK TO COMMUNICATE WITH ANY OTHER PERSON YES NO
(PLEASE SPECIFY): _____

COMMUNICATE ONLY WITH ME YES NO

THIS DIRECTIVE WILL BE CONSIDERED IN EFFECT UNTIL REVISED ON
WRITING.

(SIGNATURE)

(DATE)

OTHER
COMMENTS: _____
