

Patient Contact Information and Communication Preferences

Please complete this form and bring it with you to your first session. This will save time during our first appointment. We highly recommend that patients register on our patient portal. There is no added fee to use the patient portal and there are many benefits: secure messaging to your clinician, self update personal information, online scheduling, and appointment reminders. While we recommend use of the patient portal, it is not required. You are welcome to contact us by phone.

Once your account is established, you simply **visit www.therapyappointment.com** to schedule or reschedule your appointments. You may continue to schedule appointments in person or by telephone, but if you have Internet access, you will also have the option of the patient portal. **If you have any questions, please call our Office Manager, Anne Staley, at 336-497-0741.**

*Full Name: _____ *Date of Birth: _____

**Street Address: _____

**Street Address line 2: _____

**City, State and Zip Code: _____

**Mobile Phone Number (Your preferred mobile contact number): _____

**Home Phone Number (only if you have a landline): _____

**Email address: _____

**Insurance Plan Company and subscriber# _____

**Insurance Subscriber Name and date of birth _____

**Emergency Contact Name and Phone Number: _____

*Patient Portal Login Name: _____ (generally your first initial & Last Name)

*Patient Portal Password: _____ (use "changeme1" -- you will be assigned a temporary password and are required to change it the first time you log in. Write your final password down on this form to remind yourself)

*Please check one of the following to indicate your preferred appointment reminder:

- None
- Text Message to a mobile phone number
- Email
- Automated voice call to a landline

*By signing below, I state that my contact information (either entered here or on the patient portal) is accurate and I agree to receive appointment reminders, per my preferred method.

*Patient Signature

*Guardian Signature (if required)

*Completion required for all patients

**Completion only required if you have not registered on the patient portal