

**CHATTANOOGA-HAMILTON COUNTY
HEALTH DEPARTMENT**

PAL LABEL

CONTACT PREFERENCE FORM

HOW SHOULD WE CONTACT YOU?

Please tell us how you would like to be reminded of your next appointment and other important information. **Email and text is not secure, which means that someone else could see the message and read it.**

| How to reach you | Leave a call back number only | Leave a message |
|--|-------------------------------|--------------------------|
| <input type="checkbox"/> PHONE: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> OTHER PHONE: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> EMAIL: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> TEXT MESSAGE: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

You may also leave a message with this person:

| | | |
|-------------|------------------------------|--------------------------------|
| _____ | _____ | _____ |
| <i>Name</i> | <i>Phone Number or Email</i> | <i>Relationship to Patient</i> |
| _____ | _____ | _____ |
| <i>Name</i> | <i>Phone Number or Email</i> | <i>Relationship to Patient</i> |

Patient Signature: _____

Date _____