



Blank Children's Hospital
UnityPoint Health

COMMUNICATIONS REQUEST FORM

Patient is a minor. This form was completed by parent/guardian.

Patient Name: _____

Patient Date of Birth: _____

In an effort to effectively reach you regarding medical appointments, medical care, test results, etc. Please grant us permission to contact/leave a message at the following:

Home: (Mom/Domestic Partner) _____ (Dad/Domestic Partner) _____

Cell Ph: (Mom/Domestic Partner) _____ (Dad/Domestic Partner) _____

Work: (Mom/Domestic Partner) _____ (Dad/Domestic Partner) _____

Please print Mom's/Domestic Partner's Name

Please print Dad's/Domestic Partner's Name

I give my permission to leave a message or result on an answering machine.

I give Blank Children's Pediatric Clinics permission to speak to the school nurse.
School nurse name and phone # if known _____

This form of communication will be used as the standard until revoked in writing by parent/guardian.

Please See Back Page



**BLANK CHILDREN'S PEDIATRIC CLINICS
ALTERNATIVE COMMUNICATION FORM**

Patient Name: _____ Date of Birth: _____

I give my permission to Blank Children's Pediatric Clinic to *communicate* information concerning my child's medical condition and medical treatment to the person(s) listed below. *(Note: If the patient is a minor, pursuant to Iowa and Illinois Law, the information generally will be given to both parents unless Blank Children's Pediatric Clinic otherwise deems the communication inappropriate.)*

Name 1: _____ Relationship _____ Phone # _____
PRINT NAME

Name 1: _____ Relationship _____ Phone # _____
PRINT NAME

NOTE: This Patient Communication Form does not provide the above-named person(s) with any authority, either implied or direct, over any treatment or direct care decisions.

I designate the people listed below the authority to direct treatment or make care decisions regarding my child. (Permission to bring to appointment)

Name 1: _____ Relationship _____ Phone # _____
PRINT NAME

Name 1: _____ Relationship _____ Phone # _____
PRINT NAME

This form of communication will be used as the standard until revoked in writing by parent/guardian, but I may be asked to confirm the information with a newly dated signature on an annual basis.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

DATE

DATE