

DCH Diabetes and Nutrition Education Center

Request to Communicate

I authorize the DCH Diabetes Education Center to contact me regarding educational services in the means provided below. These messages may include reminders, schedule changes or personnel health information. I understand it is my responsibility to notify the DCH Diabetes Education Center should this information change. I understand I do not have to provide any of the communication sources.

Home Phone: _____ Y__ N__ OK to leave message

Cell Phone: _____ Y__ N__ OK to leaves message

Work Phone: _____ Y__ N__ OK to leave message

Email: _____ Y__ N__ OK to leave message

Do you give permission for us to contact or leave information with another person? ___ Yes ___ No

Name: _____

Relationship to you: _____

Contact phone number: _____

Patient Signature/Patient Representative: _____

Relationship of Patient Representative: _____