

**BABA HEALTHCARE, INC**  
**Geetha Priyanka, M.D.**  
948 South Wickham Rd. Suite 103  
West Melbourne, FL 32904  
P: 321-956-7370 F: 321-956-7873

**PATIENT PRIVACY QUESTIONNAIRE**

Please list the family members or significant others, if any, whom we may inform about your medical condition and diagnosis (including treatment, payment and health care) incase of emergency.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

3. Can Confidential messages (appointment reminders, lab results, etc...) be left on your telephone answering machine or voicemail?      YES      NO

PATIENT NAME: \_\_\_\_\_ (Guardian if under 18)

Social Security Number: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_