



KJ Kids
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Patient's General and Emergency Contact Information Sheet

Please complete this form by indicating a check mark in each section that would be an acceptable manner in which our practice can contact you.

☐ In case of an emergency, I authorize KJ Kids' staff to contact _____
at (____) _____ - _____. My relationship to this contact is: _____
and I hereby give permission to KJ Kids' staff to release medical information to that person.

I wish to be contacted by KJ Kids' staff in the following manner (please check all areas that would be an acceptable manner for KJ Kids' staff can contact you):

- ☐ Please contact me on my home telephone: (____) _____ - _____
- ☐ KJ Kids' staff can leave their name and phone number ONLY when they call.
 - ☐ KJ Kids' staff can leave a detailed message when they call.
- ☐ Please contact me on my cellular telephone: (____) _____ - _____
- ☐ KJ Kids' staff can leave their name and phone number ONLY when they call.
 - ☐ KJ Kids' staff can leave a detailed message when they call.
- ☐ Please contact me at work telephone: (____) _____ - _____
- ☐ KJ Kids' staff can leave their name and phone number ONLY when they call.
 - ☐ KJ Kids' staff can leave a detailed message when they call.
- ☐ KJ Kids' staff can mail or email me information such as an appointment reminder, and future clinic sponsored programs.
- ☐ KJ Kids' staff can mail information to my home address.
 - ☐ KJ Kids' staff can mail information to my work address.
- ☐ KJ Kids' staff cannot mail information to my home or work address except a statement of my account.
- ☐ KJ Kids' staff may send me e-mail messages such as appointment reminders at the following email address: _____.

Patient's Name (Please Print)

Signature of Patient, Parent or Legal Guardian

Date