

PATIENT NAME: _____ DOB: _____

APPOINTMENT REMINDER AUTHORIZATION FORM

Please indicate below which way you would like to be reminded:

EMAIL

I, _____, authorize Brain and Body Integration to send Appointment Reminders electronically via Email to the following email address.

EMAIL ADDRESS (please print clearly): _____

TEXT MESSAGE

I, _____, authorize Brain and Body Integration to send Appointment Reminders electronically via text message to my mobile phone. I understand that this service is offered free of charge. However, standard text messaging rates from my mobile carrier may apply. Please activate text message reminders for the patient/mobile phone number:

MOBILE #: _____ MOBILE CARRIER: _____

VOICE MESSAGE

I, _____, authorize Brain and Body Integration to contact me for Appointment Reminders via voice messaging. If I am unavailable to answer the telephone, I give Brain and Body Integration permission to leave a message on my answering machine or with the person answering the telephone.

TELEPHONE #: _____

(Circle One) YES or NO Brain and Body Integration may contact me at work to reschedule appointments or confirm existing appointments.

WORK TELEPHONE#: _____

**If you are more than 30 minutes late to your appointment, you may be rescheduled and it is up to the discretion of the clinician if they will still see you or not.

Patient Signature: _____ Date: _____ OR Parent/Legal

Guardian Signature: _____ Date: _____