

# PATIENT QUESTIONNAIRE



**MICHAEL A. HOCHMAN**  
M.D.  
OPHTHALMOLOGIST | RETINA SPECIALIST

5313 McPherson Rd. | Laredo, Tx. 78041

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Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and health care operations); *Liste a los familiares/personas a quien nosotros podamos dar información sobre su condición médica. tratamientos o estado financiero:*

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Please list the family members or significant others, if any, whom we may inform about your medical condition **ONLY IN AN EMERGENCY:**

*Liste a los familiares a quien nosotros podamos dar información sobre su condición médica SOLAMENTE EN CASO DE EMERGENCIA:*

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Please print the telephone number, if any, where you want to receive calls about your appointments, or other health care information if other than your home phone number:

*Liste los numeros de telefono en donde podemos avisarle de su próxima cita si es diferente al de su casa:*

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Who can call and cancel/reschedule your appointments:

*Liste la(s) persona(s) autorizada(s) que puede(n) cancelar/posponer sus citas:*

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Patient signature/Firma del Paciente \_\_\_\_\_ Date Fecha \_\_\_\_\_