



Patient Update Form

Family Guidance Centers is moving to a automated reminder system for your scheduled appointments. By giving the information below, you will be added to our database and begin receiving reminders for your future appointments. Please note, failure to give a 24 hour notice to cancel your appointment may result in a \$75 no show fee.

Patient Name: _____ **DOB:** ____/____/____
First Last

Please indicate which method of contact is best for you to receive reminders by checking the box

Phone Number: Cell _____ Home _____ Other _____
Is an SMS text reminder okay? Yes No

Email Address: _____

Check here to opt out of appointment reminders

Check here to opt out of receiving helpful information and/or newsletters to your email address

Patient Signature

Date

Parent/Guardian Signature

Date