

**Blue Ridge Pediatrics, LLP**  
**Patient Communication Information**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

In order for us to better communicate with our patients we are asking all patients to fill out this Patient Communication log.

Have you accessed our Patient Portal? **Yes** or **No** (Circle one)

If **No**, Would you like to access our Patient Portal? **Yes** or **No**

If **Yes**, Please print your **Email Address** here: \_\_\_\_\_

When we activate your email address you will receive an email confirmation from us. This will include the link to our portal, your log in and your password. If you forgot your log in and/or password the Receptionist can reset your password for you today.

Do you want to **reset** your log in and password? **Yes** or **No**

How would you like us to confirm your appointment? You can select one or both.

By Voice Mail? **Yes** or **No**

By Text (SMS) message? **Yes** or **No**

What is your preferred phone#? \_\_\_\_\_

Is this your **Home, Work or Cell Number**? (Please circle one)

What is your preferred language? **English** or **Spanish** (Please circle one)

Preferred time to call you? **Morning, Afternoon** or **Evening** (Please circle one)

Is there any special information you would like us to add to your child's account in reference to how we should contact you?

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**Patient or Guardian's Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

BRP Employee's Initials: \_\_\_\_\_ Scanned: \_\_\_\_\_ Entered in ECW: \_\_\_\_\_