



IMB

INTERNAL MEDICINE
of BRIGHTON

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INTERNAL MEDICINE OF BRIGHTON, PLLC
300 WHITE SPRUCE BLVD SUITE 100
ROCHESTER, NY 14623

Patient Name (printed): _____

Patient Date of Birth: _____

Race/Ethnicity/Language

Which of the following best describes you?

Race

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Declined to Specify

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Declined to Specify

Language of Choice

- English
- Other
- Sign Language
- Spanish
- Declined to Specify

DESIGNATED PHONE NUMBER

Please indicate the primary phone number we should use to contact you:

Phone number: _____ () home () mobile

- I give consent to the practices listed above to leave a voicemail that includes protected health information on the above phone number.
- I do not give consent to leave a voicemail on the above phone number.

Patient Signature: _____

Date: _____