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Emergency Contact Information

You can type directly into the shaded fields on a computer, or print this form and fill it in by hand. Please sign and date where indicated.

If there is an emergency during our work together, I will do whatever I can within the limits of the law to prevent injuries and to ensure that you receive the proper medical care. This includes, but is not limited to, situations in which I become concerned about your personal safety, the possibility of injuring or being injured by someone else, or about you receiving proper psychiatric care. For this purpose, I may contact the person listed below and/or emergency services.

Patient Name: _____

Emergency Contact Name: _____

Relationship to Patient: _____ **Phone:** _____

Patient Signature: _____ **Date:** _____