

EMERGENCY CONTACT FORM

PATIENT NAME: _____ **CHART** _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

____ I have voluntarily provided the above contact information and authorize Red River Family Practice and its representatives to contact any of the above on my behalf in the event of an emergency.

____ I choose not to furnish any emergency contact information to Red River Family Practice at this time.

Signature _____ Date _____