

Mission Peak Physical Therapy PLLC

Herein after referred to as "Provider"

Patient's General and Emergency Contact Information Sheet

Please complete this form by indicating a check mark in each section that would be an acceptable way our practice can contact you.

- In case of emergency, I authorize Provider to contact _____ at (____) _____ - _____. My relationship to this contact is _____.

I wish to be contacted by Provider in the following manner (Please check all areas that would be an acceptable manner for Provider to contact you):

- Please contact me on my home telephone (____) _____ - _____.
 - Provider can leave their name and phone number only when they call.
 - Provider can leave a detailed message when they call.
- Please contact me on my cellular phone (____) _____ - _____.
 - Provider can leave their name and phone number only when they call.
 - Provider can leave a detailed message when they call.
- Please contact me at work (____) _____ - _____.
 - Provider can leave their name and phone number only when they call.
 - Provider can leave a detailed message when they call.
- Provider may send me *email messages such as my home exercise program, appointment reminders, and to reply to messages sent by myself at the following email address: _____ (Leave blank if you do not wish to be contacted via email).

*Please keep in mind that most email is unencrypted and communications via email therefore are not guaranteed to be secure. Although it is unlikely, there is a possibility that information you include in an email may be intercepted and read by parties other than to whom it is addressed. Email subject lines are not encrypted and should not include personal health or identifying information.

_____	_____	_____
Printed Name of Patient	Signature of Patient or Legal Guardian	Date
_____	_____	
Printed Name of Legal Guardian	Relationship to Patient	