



Mission Peak Physical Therapy

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 that apply):

Provider can leave their **name and phone number ONLY** when they call.

Check all that apply:

Home Telephone: (_____) _____ - _____

Cellular Phone: (_____) _____ - _____

Work Telephone: (_____) _____ - _____

Provider can **leave a detailed message** when they call.

Check all that apply:

Home Telephone: (_____) _____ - _____

Cellular Phone: (_____) _____ - _____

Work Telephone: (_____) _____ - _____

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 by 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.

Patient Name Printed

Patient Signature

Date

Name of Legal Guardian Printed

Relationship to Patient