ClearPath Psychiatry & Counseling

Emergency Contact Form

In the event of a medical or psychiatric emergency, I authorize ClearPath Psychiatry & Counseling to contact the following individual(s):

Primary Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____ Alt Phone: _____

Secondary Emergency Contact (Optional):

Name: _____ Relationship: _____

Phone Number: _____ Alt Phone: _____

Patient/Guardian Signature: _____ Date: _____