



HUMMINGBIRD HEALTH & WELLNESS

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Emergency Contact Information

A gentle step toward staying supported.

In moments when extra support may be needed, having a trusted contact can be helpful. Completing this form is optional, and your preferences will always guide how and if this information is used.

Patient Information

Patient Name: _____
Date of Birth: _____

Emergency Contact Information

Name: _____
Relationship to Patient: _____
Phone Number _____
Alternate Phone Number: _____
Address (optional): _____

OK to leave a message with this contact

Secondary Emergency Contact Information (Optional)

Name: _____
Relationship to Patient: _____
Phone Number _____
Alternate Phone Number: _____
Address (optional): _____

OK to leave a message with this contact

Authorization to Contact

Please select the option that feels right for you:

- You may contact this person in the event of an emergency.
- You may contact this person only in situations involving immediate safety concerns.
- I prefer not to list an emergency contact at this time.

Information Sharing

If contact is made, I am comfortable with the following information being shared:

- General concern for my safety or well-being
- Relevant appointment-related concerns
- Medication-related concerns (if appropriate)
- Other (optional): _____

Anything You'd Like Us to Know (Optional)

You're welcome to share anything that would help us approach this contact in a way that feels supportive and respectful:

Acknowledgment

I understand that this information will only be used if there is a concern for my safety or well-being and will be handled with care, in alignment with my preferences and applicable privacy laws.

I understand that I can update or change this information at any time.

Patient Name (Please Print)

Patient Signature

Date

If signed by a legal representative:

Name (Please Print)

Relationship to Patient