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**Telehealth Call and Emergency Contact Form**

**Date of Completion of Form:**

**Patient Name:**

**Patient Phone:**

**Patient Address:**

**Place of Treatment:**

**Emergency Contact Person and Phone:**

**Local Emergency Services:**

**Please check here if patient promises that she/he will not record and that the session will be private and secure, unless she/he indicates that there is someone else in the room and that the person will be made visible to the treating doctor/staff. Yes\_\_\_\_\_**

**Comments/Notes/Changes:**