Raphael Medicine & Therapies PC
9801 Fair Oaks Blvd., Suite 300
Fair Oaks, CA 95628
(916) 671-1780 Fax (916) 844-0083
www.raphaelmedicine.com
info@raphaelmedicine.com

Emergency Contact Information

Patient Name: __________________________ DOB: __________________
Phone: ____________________________ Email: ________________________________

Leave phone message ***including medical information***?   Choose one: YES   or   NO

If NO, we will leave a message for you to call the office. Please use email for non-medical information only as it is not secure. If you request email be used for medical information for the sake of convenience, we cannot be responsible for its security.

If patient is under 18 years of age or has a legal guardian:
Name: ____________________________ Parent or Legal Guardian #1 (please circle)
Phone: ______________________ Email: _____________________________________
Leave phone message with medical information?   YES   or   NO

Name: ____________________________ Parent or Legal Guardian #2 (please circle)
Phone: ______________________ Email: _____________________________________
Leave phone message with medical information?   YES   or   NO

If emancipated minor (see California Minor Consent Laws) please indicate method of contact for medical information:
Name of Minor: ____________________________
Phone: ______________________ Email: _____________________________________
Leave phone message with medical information?   YES   or   NO

Are there legal documents defining medical decision-making rights?   YES   or   NO
If YES, please provide copy to this office.

Account balances will be billed to the parent/guardian who booked the appointment.

For all patients, please provide two emergency contacts we may use if needed:
Emergency Contact #1

Name: _____________________________ Relationship: ___________________________
Phone #1: ___________________________ Phone #2: ______________________________

Emergency Contact #2

Name: ______________________________ Relationship: ____________________________

Phone #1: ____________________________ Phone #2: ______________________________

Signature: ____________________________ Date: _____________________
parent/ legal guardian #1

Signature: ____________________________ Date: _____________________
parent/ legal guardian #2

Signature: _______________________________ Date: ________________________
emancipated minor