Island Health Physical Therapy
806 E Main St
Riverhead, NY 11901
Phone: (631) 591-3505
Fax: (631) 591-3503

Emergency Contact Information
Please provide the following information for two people (primary and secondary) you would like to be contacted in case of an emergency.

Primary Contact Person

Name:
_____

Tel: Home: ____- ____- ____

Work: ____- ____- ____

Cell: ____- ____- ____

Relationship to you: _____

May we discuss medical issues with the person listed above? Yes ____ No ____

Secondary Contact Person

Name:
_____
____
Tel: Home: ____- ____- ____

Work: ____- ____- ____

Cell: ____- ____- ____

Relationship to you: _____

May we discuss medical issues with the person listed above? Yes ____ No ____