



PHYSICAL THERAPY  
& WELLNESS CENTER

## IN CASE OF EMERGENCY

### PATIENT INFORMATION

**Patient Name:** \_\_\_\_\_

#### EMERGENCY CONTACT:

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Hospital of choice:** \_\_\_\_\_

**Complete medication list and Allergies: ( can attach list)**

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*Office use only--To be completed by Therapist*

Category 1--- Critical Assistance needed ( Wheel chair / cognitive impairment)

Category 2 ---Mild assistance needed ( Cane / Walker)

Category 3--- No assistance needed

Rehabilitation Health Center, Inc.  
734-971-9790