



Antrim House

55 Main Street, Antrim, NH 03440 | (603) 808-0185
Sobriety Centers of New Hampshire | Outpatient Program
info@sobrietycentersofnh.com

OUTPATIENT PROGRAM - EMERGENCY CONTACT

Name (First, MI, Last) _____ DOB _____ - _____ - _____
Mailing Address _____ Town/City/Zip _____
Phone Number (H) _____ (C) _____ (W) _____

Primary Emergency Contact

Name (First, MI, Last) _____
Relationship to Contact: _____
Home Address: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Secondary Emergency Contact

Name (First, MI, Last) _____
Relationship to Contact: _____
Home Address: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Other Important Information

Allergies: _____
Medications: _____
Medical Conditions: _____
Primary Care Physician: _____
Hospital: _____ Phone Number: _____ - _____ - _____

I, _____, hereby authorize Sobriety Centers of NH, Antrim House to obtain any emergency medical services necessary to preserve my life, limb, or wellbeing. I understand that providing my Protected Health Information (PHI) is vital to emergency care and authorize the release of my PHI necessary for emergency medical treatment.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for myself and waive my right to informed consent of treatment. This waiver applies only in the event that I am physically and/or mentally incapacitated and will automatically expire after a period of one year or 30 days after termination of chart (if less than one year), or unless another date, event, or condition is specified herein:

Signature: _____ Date: _____