IN AN EMERGENCY CALL 911

ADULT EMERGENCY INFORMATION FORM

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Name:	**Phone:**	**Birth date:**
Emergency contact:	**Phone:**	**Call doctor:**
Second contact:	**Phone:**	
Medical conditions (mark all that apply): ☐ Cardiac ☐ Respiratory ☐ Diabetes ☐ High Blood Pressure ☐ Seizures ☐ Hemodialysis ☐ Pacemaker ☐ Defibrillator ☐ Blood Thinner ☐ Other:		**Doctor's phone:**
I am allergic to these medications: **I am allergic to these foods:** **I am allergic to these things:**		**My hospital is:**
Medications updated on:		

Medication	Dose	How many	How often	Time	For

Remember to update your information when there are changes.

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I am the primary caregiver for:

Someone who can care for this person is:

Their phone number is:

There are pets in the house. I have (number of pets) Dog(s):_____ Cat(s): _____ Other: _____

This person will take care of my pet(s): Phone:

I have insurance with:

☐ **An individual or group health plan _____ Policy/ID # _____ Group # _____**

☐ **Medicare Medicare Number _____**

☐ **Medicaid Medicaid Number _____**

☐ **No current health insurance**

Immunization date(s): ☐ **Flu _____** ☐ **Pneumonia _____** ☐ **Shingles _____** ☐ **Td or Tdap _____**

☐ **Hepatitis A: 1st _____ 2nd _____** ☐ **Hepatitis B: 1st _____ 2nd _____ 3rd _____ Other: _____**

I have: ☐ **Glasses** ☐ **Contacts** ☐ **R** ☐ **L** ☐ **Dentures** ☐ **Upper** ☐ **Lower**

I have a: ☐ **Hearing Aid** ☐ **R** ☐ **L** ☐ **Cochlear Implant** ☐ **R** ☐ **L** **Other:**

I walk: ☐ **by myself** ☐ **need help walking** ☐ **use a cane or walker** ☐ **use a wheelchair**

I need to use oxygen: ☐ **sometimes** ☐ **all the time** ☐ **CPAP machine**

Other equipment I need:

I weigh: ☐ **Less than 100 lbs.** ☐ **101-150 lbs.** ☐ **151-200 lbs.** ☐ **201-250 lbs.** ☐ **Over 251 lbs.**

I am an organ donor. ☐ **Yes** ☐ **No**

Something else I want you to know:

PLEASE PLACE THIS FORM ON YOUR REFRIGERATOR. Copies of your advance directives and power of attorney may be attached to this form. For purpose of identification, you may attach a picture of yourself.