

EMERGENCY CONTACT SHEET

(For your refrigerator)

IN CASE OF EMERGENCY: DIAL 911

PERSONAL/MEDICAL INFORMATION:

Name: _____ DOB: _____

Physical Address: _____ HEIGHT: _____

Mailing Address: _____ WEIGHT: _____

Phone: (H) _____ (C): _____

PRIMARY CARE PHYSICIAN: _____

PHARMACY USED: _____

Do you have a completed POLST Form? (Circle one) YES NO

Do you have Advanced Care Directives completed? (Circle one) YES NO

EMERGENCY CONTACT INFORMATION:

#1) Name: _____ Relationship: _____

Physical Address: _____

Phone: (H) _____ (C): _____

#2) Name: _____ Relationship: _____

Physical Address: _____

Phone: (H) _____ (C): _____

MEDICAL/SURGICAL INFORMATION:

List the following:

<u>MEDICATIONS</u>	<u>DOSAGE</u>	<u>#DAY</u>
1. _____		
2. _____		
3. _____		
4. _____		

ALLERGIES (medical/seasonal):

MEDICAL/SURGICAL HISTORY:

*****This information is protected and should only be shared with healthcare providers and emergency personnel*****