

# EMERGENCY SHEET

*In an immediate emergency call 9-1-1  
For information call 2-1-1*

Patient Information				
Name:		Birth Date:		SS#
Address:			Contact #:	
Emergency Contact:			Contact #:	
PCP:			Contact #:	
Other important medical professionals:				
Specialty:	Name:		Contact #:	
1.				
2.				
3.				
Local police station:				
Case manager:			Contact #:	
Helpline:			Contact #:	
Preferred hospital:			Contact #:	
Preferred rehab facility:			Contact #:	
Preferred nursing home:			Contact #:	
Aging & Disability Ombudsman Office:				

## Patient Information (continued)

**Family or Advocates:**

	Name:	Contact #:
1.		
2.		
3.		

**List of Medical Conditions:**

**List of Medication:**

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**Allergies:**

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**List of Accommodations:**

**Communication:** (speech, ASL, preferred language, devices or aides, etc)

**Mobility:** (can transfer independently, devices needed, pressure relief needed)

**Emotional** (shows pain and/or distress by, how you can ease situation, favorite things, etc.)

**Behavioral** (copes with procedures by, sensitivities, how can help to pass the time, etc.)

**Additional Information That Is Helpful to know:**

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## Emergency Items To Bring or Have Copies Of

- Care sheet
- COVID vaccine card
- COVID visitation form (if applicable)
- Insurance cards (numbers here)
- Hospital bag
- Snacks and drinks
- Games, puzzles, cards, etc.
- Comfort items (blanket, stuffed animal, photos, etc.)
- Living Will/DNR info
- Cell Phone, Tablet, and Charger (if applicable)
- Notebook and pen (to document everything)
- Other: