Emergency Information Sheet

For the refrigerator door and the hospital bag. Fill it in pencil and update it when anything changes.

Name (and what I go by)	
Date of birth	
Address and phone	
Language I speak best	☐ Interpreter ☐ Hard of hearing ☐ Low vision ☐ Speech difficulty

Call these people first

Name	Relationship	Phone (day)	Phone (night)

Health care agent or proxy (the person who speaks for me if I can't)	

Health conditions

Heart, lungs, diabetes, kidney, stroke, seizures, memory loss, cancer, anything an emergency crew should know first.

Allergies and bad reactions

Medicines	
Foods, latex, tape, dye, other	

Medicines

Full list is on my Medication Schedule	☐ Attached ☐ Kept with this sheet
I take	☐ A blood thinner ☐ Insulin ☐ Heart medicine ☐ Oxygen at home ☐ A patch or pump

Devices and implants

☐ Pacemaker or defibrillator ☐ Stent or heart valve ☐ Joint replacement ☐ Hearing aids
☐ Glasses ☐ Dentures ☐ Walker or cane ☐ CPAP ☐ Other: _____

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Emergency Information Sheet (page 2)

Doctors and pharmacy

Who	Name	Phone
Primary care doctor		
Specialist (heart, kidney, other)		
Pharmacy		

Insurance

Medicare or Medicaid plan	
Supplement / drug plan	
Preferred hospital	

Leave full insurance, Social Security and bank numbers off this sheet. Anyone who walks into the kitchen can read it. Keep the cards in a wallet or purse, and put "Cards are in: _____" here.

My wishes, and where the paperwork is

What I have	☐ Living will ☐ Health care proxy / power of attorney ☐ Do-not-resuscitate order ☐ POLST or MOLST ☐ None yet
Originals and copies are in	

In most states, paramedics follow a do-not-resuscitate request only if they can see the specific signed state form. Ask the doctor which form your state uses and keep it where a crew will find it.

At home

Lives with / pets and their carer	
Extra house key held by	
What helps if I'm confused or scared	

How to use this sheet: post it on the refrigerator door at eye level, tell the people around you it is there, take a copy to every hospital stay and appointment, and update it after any hospital visit or medicine change and at least twice a year.

Cut along the dashed line. Fold it and keep it in a wallet or purse.

IN AN EMERGENCY Name: _____ Born: _____
Conditions: _____
Allergies: _____ Blood thinner / insulin: ☐ Yes ☐ No
Call: _____ Phone: _____
Doctor: _____ Phone: _____
Full medicine list and wishes are at: _____

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