FROM THE SITTING ROOM SERIES
GETTING MORE HELP

3

Emergency Information Sheet

One Page by the Phone, and the Details Behind It



Stephen Deason

LARGE PRINT

Emergency Information **Call 911**

Keep this page by the phone or on the refrigerator. The full record is in the pages behind it.

Name _____ **Born** _____

Address _____

Language I speak best _____ **Phone** _____

Main health conditions _____

_____

Allergies, and what happens _____

_____

Blood thinner ☐ **No** ☐ **Yes** **Name** _____

Insulin or diabetes pills ☐ **No** ☐ **Yes** **Name** _____

Number of medicines I take _____ **Full list attached** ☐

Pacemaker, oxygen, or other devices _____

DNR or POLST ☐ **No** ☐ **Yes** **The original is kept** _____

Health care agent _____ **Phone** _____

Call first _____ **Phone** _____

Call next _____ **Phone** _____

Main doctor _____ **Phone** _____

Hospital I prefer _____

Someone at home depends on me for care _____

Filled in on (date) _____

How to Use These Pages

Page 1 goes by the phone or on the refrigerator. Keep the other pages in a folder next to it. If you go to the hospital, take the whole folder.

Write your name at the top of every page, so a page that gets separated still says whose it is. Write the date at the top each time you change a page.

List every medicine on the medicine pages, including eye drops, inhalers, patches, creams, and shots. Vitamins, supplements, and anything bought without a prescription go on their own page. If a medicine is stopped, cross it off and move it to the page for medicines stopped.

Ask your pharmacy for a printed list of your medicines each time one changes, and keep the newest printout in the folder. A pharmacist or nurse can check your list against the bottles.

If you have more medicines or more doctors than these pages hold, print those pages again.

Give a copy of the whole packet to the person you call first. These pages are free to print and share.

Do not write alarm codes, lockbox codes, passwords, or account numbers anywhere in this packet. The last page has a place to write whom to ask.

These pages do not replace any legal or medical document. Where the packet asks about your papers, write where they are kept.

What Is Normal for Me

Name _____ **Updated on** _____

When I am sick or hurt, I may not seem like myself. This is what an ordinary day looks like.

Thinking and memory on a usual day _____

_____

How I talk and understand _____

_____

Glasses, hearing aids, dentures _____

_____

Walking (on my own, cane, walker, wheelchair) _____

_____

Bathroom (on my own, with help, pads) _____

_____

Eating and drinking (special diet, soft foods) _____

_____

Sleep _____

What helps me stay calm _____

_____

What upsets me _____

_____

My Medicines, page 1 of 5

Name _____ **Updated on** _____

Every medicine I take on a schedule, one per line. Include eye drops, inhalers, patches, creams, and shots.

Medicine and strength	Dose and when	What it is for	Prescriber

My Medicines, page 2 of 5

Name _____ **Updated on** _____

Medicine and strength	Dose and when	What it is for	Prescriber

My Medicines, page 3 of 5

Name _____ **Updated on** _____

Medicine and strength	Dose and when	What it is for	Prescriber

My Medicines, page 4 of 5

Name _____ **Updated on** _____

Medicine and strength	Dose and when	What it is for	Prescriber

My Medicines, page 5 of 5

Name _____ **Updated on** _____

Medicine and strength	Dose and when	What it is for	Prescriber

Other Medicines

Name _____ **Updated on** _____

Only when I need it

Medicine and strength	How much	When I may take it	Prescriber

Bought without a prescription

Name	How much	How often

Medicines Stopped

Name _____ **Updated on** _____

Medicines stopped in the last year

Medicine	Stopped on	Why it was stopped

Pharmacy printout attached ☐ **Dated** _____

My pill organizer is filled by _____

My medicines are kept _____

This list was checked by _____ **On** _____

My Doctors, page 1 of 2

Name _____ **Updated on** _____

Every doctor, nurse practitioner (NP), and physician assistant (PA) who treats me. Put a star by my main doctor.

Name, and MD, NP, or PA	What they treat	Phone

My Doctors, page 2 of 2

Name _____ **Updated on** _____

Name, and MD, NP, or PA	What they treat	Phone

Nurses, Home Care, and Suppliers

Name _____ **Updated on** _____

Who	Name	Phone
Home care provider		
Supervising nurse		
Caregiver		
Caregiver		
Home health agency		
Home health nurse		
Physical therapist		
Occupational therapist		
Speech therapist		
Hospice		
Hospice nurse		
Care manager or social worker		
Dialysis or infusion center		
Pharmacy		
Mail-order or specialty pharmacy		
Medical equipment supplier		
Oxygen supplier		

My Health History

Name _____ **Updated on** _____

Health conditions

Condition	Since (year)	Doctor who treats it

Allergies, to medicines, foods, latex, or anything else

Allergic to	What happens

Surgeries, Devices, and Hospital Stays

Name _____ **Updated on** _____

Surgeries and procedures

What was done	Year	Where

Devices: pacemaker, stent, new joint, port, pump

Device	Year	The device card is kept

Hospital stays and emergency room visits, last two years

Date	Hospital	Why

Papers, Wishes, and Insurance

Name _____ **Updated on** _____

Write where each paper is kept. Keep the papers themselves in a safe place.

Advance directive ☐ **No** ☐ **Yes** **Kept** _____

DNR or POLST ☐ **No** ☐ **Yes** **Kept** _____

Health care agent _____ **Phone** _____

Second agent _____ **Phone** _____

Financial power of attorney _____ **Phone** _____

Guardian, if a court named one _____

Clergy or spiritual adviser _____ **Phone** _____

Insurance

Kind	Plan name	Member phone
Medicare or Medicare Advantage		
Drug plan (Part D)		
Supplement (Medigap)		
Medicaid		
Long-term care insurance		
VA or other		

My insurance cards are kept _____

Family and the Home

Name _____ **Updated on** _____

Do not write alarm codes, lockbox codes, or passwords on this page.

Family and others to call

Name	Relationship	Phone

Who has a key

Name	Phone

Pets

Pet	Who will care for it	Phone

Ask this person for door or lockbox codes _____

Oxygen or other equipment in the home _____

Someone at home depends on me for care _____