INFORMATION SHEET
In Case of Emergency
CALL 911

CONTACT INFORMATION

First name _____ Last name _____

Address _____ Apartment number _____

City _____ Postal code _____ ___ _____ ___

Main phone (_____ ___)_____-_____ ___ Alt. phone (_____)_____-_____ ___

Health card ---------- Birth date ___ ___ /_____/ _____ ___
day month year

Gender ☐ Male ☐ Female ☐ Other - I identify as _____

Primary language(s) _____

☐ Advanced care directive → On file with _____

Emergency contact 1 _____

Main phone (_____ ___)_____-_____ Alt. phone (_____)_____-_____ ___

Emergency contact 2 _____

Main phone (_____ ___)_____-_____ Alt. phone (_____)_____-_____ ___

Primary care provider _____

Phone (_____ ___)_____-_____ ___

RELEVANT MEDICAL HISTORY

☐ **Cardiac** (angina, heart attack, bypass, pacemaker)
☐ **Stroke/TIA**
☐ **Hypertension** (high blood pressure)
☐ **Congestive heart failure**
☐ **Diabetic** (Insulin / Non Insulin dependent)
☐ **COPD** (emphysema, bronchitis)
☐ **Seizure** (convulsions)
☐ **Asthma**
☐ **Cancer**
☐ **Alzheimer**
☐ **Dementia**
☐ **Psychiatric**

Other _____

MEDICATIONS

1) _____ 6) _____ 11) _____

2) _____ 7) _____ 12) _____

3) _____ 8) _____ 13) _____

4) _____ 9) _____ 14) _____

5) _____ 10) _____ 15) _____

MEDICAL ALLERGIES

☐ No known allergies ☐ ☐ ASA (Aspirin) ☐ Sulpha ☐ Codeine

Other _____

SPECIAL CONSIDERATIONS

Communicable infection / disease _____

Other _____

Hospital affiliation _____ → ☐ Extensive history

☐ Specialty (Dialysis, neuro, etc.) _____

MOBILITY / SENSORY

☐ Dentures ☐ Visual (impairment / glasses / blind) ☐ Hearing (impairment / aid / deaf)

☐ Mobility issues (cane / wheelchair / walker / motorized scooter / prosthetic limb)

ANIMALS IN YOUR HOME

List of pets and pet care instructions _____

_____

Are any of these pets a service animal? ☐ No ☐ Yes _____

Care contact 1 _____ Phone (_____) _____ - _____ ___

Care contact 2 _____ Phone (_____) _____ - _____ ___

Completed by _____ Date ___ ___ / ___ ___ / ___ ___ ___ ___
day month year