

Emergency & Medical Information

Name: _____ Date of Birth: _____ ID _____

Caregiver/Spouse _____

Address: _____

Phone: _____

Medical Condition(s) ☐ Amytrophic Lateral Sclerosis (ALS) ☐ Respiratory Compromise ☐ Speech difficulty

☐ Dementia ☐ Vision ☐ Hearing ☐ Dentures ☐ Aspiration/Choking

Emergency Support

Name _____

Name _____

Address _____

Address _____

Cell phone _____

Cell Phone _____

Key to house? _____

Key to house? _____

Out-of-town Support

Name _____

Name _____

Address _____

Address _____

Cell phone _____

Cell phone _____

Key to house? _____

Key to house? _____

Advanced Directive Health Care Agents

Phone _____

Phone _____

DNR: ☐ Yes ☐ No MOST: ☐ Yes ☐ No Intubate/Trach: ☐ Yes ☐ No Location of Documents _____

Pharmacy _____ Phone _____

<u>Medication List</u>	<u>Dose</u>	<u>Frequency</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies/sensitivities _____ Blood type _____

Nutrition Supplement name _____ Feeding Tube Y/N Food consistency _____

Pets Name _____ Service Animal? _____ Breed _____

Vaccines _____ Medications _____

Emergency & Medical Information

Mobility ☐ Power Wheelchair ☐ Battery Charger ☐ Repair Kit ☐ Manual Chair ☐ Seat Cushion ☐ Rollator Walker ☐ Cane

Vendor _____ Phone number _____

Breathing Devices ☐ Charger/extra batteries

☐ Non invasive/ Invasive ventilator Settings _____ Trach type/size _____

☐ Back up vent ☐ Extra circuits ☐ Mask, type _____

☐ Oxygen flowrate _____ ☐ Bleed into vent _____

☐ Cough Assist Pressures _____ Pause _____

☐ Suction ☐ Power cord/charger

Vendor _____ Phone number _____

Communication

Best method of communication: _____

☐ Speech Generating Device ☐ Charger/extra batteries

Type _____ Back up device _____

Vendor _____ Phone number _____

Nutrition ☐ Pump/power cords

☐ Supplement ☐ Water ☐ Supplies ☐ Eating utensils

Elimination

☐ Bedpan ☐ Urinal ☐ Sanitary Wipes ☐ Commode ☐ Hoyer/sling ☐ Catheter supplies ☐ Feminine products

Physicians ☐ Flashdrive with medical records

Neurologist/ALS specialist _____ Phone _____

Pulmonologist _____ Phone _____

General Practitioner _____ Phone _____

Other _____ Phone _____

Preferred Hospital _____

Insurance (bring cards)

Health _____ Policy Number/phone _____

Home _____ Policy Number/phone _____

Auto _____ Policy Number/phone _____

Auto _____ Make/model/year _____

Auto _____ Make/model/year _____