

In Case of Emergency Information Checklist

If the older person requires emergency medical attention, the information below will be of great help to the clinical team. Having this information up-to-date and readily accessible can save a life, especially if the person is not in a condition to answer these questions. Share a copy of this checklist with the assisted living, residential home or nursing home.

Basic Information

Name of Person:

Date of Birth:

Address:

Home Phone:

Mobile Phone:

Emergency Contacts

Name(s):	Home Phone:	Mobile Phone:	E-mail:

Insurance Information

Insurance Providers	Plan Type	Member ID #	Group #	Customer Service Phone #
Medical:				
Dental:				
Vision:				
Other:				
Other:				

Inventory of Assistive Devices

	Yes	No		Yes	No
Dentures: Upper	<input type="checkbox"/>	<input type="checkbox"/>	Crutches	<input type="checkbox"/>	<input type="checkbox"/>
Dentures: Lower	<input type="checkbox"/>	<input type="checkbox"/>	Cane	<input type="checkbox"/>	<input type="checkbox"/>
Glasses	<input type="checkbox"/>	<input type="checkbox"/>	Walker	<input type="checkbox"/>	<input type="checkbox"/>
Contact Lenses	<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
Prosthesis (type):	<input type="checkbox"/>	<input type="checkbox"/>	Implants (type):	<input type="checkbox"/>	<input type="checkbox"/>

Previous Hospitalizations (List most recent first)

Medical Reason

Dates

Notes

Medical Reason	Dates	Notes

Medications: Prescription & Over-the-Counter			
Medication	Doctor	Dose	Frequency of Use

Vitamins & Supplements			
Type	Dose	Frequency of Use	Notes

Allergies	Yes	No		Yes	No
Medications – List:	<input type="checkbox"/>	<input type="checkbox"/>	Gluten	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Eggs	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Dairy	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Iodine	<input type="checkbox"/>	<input type="checkbox"/>
Shellfish	<input type="checkbox"/>	<input type="checkbox"/>	Latex	<input type="checkbox"/>	<input type="checkbox"/>
Nuts	<input type="checkbox"/>	<input type="checkbox"/>	Tape	<input type="checkbox"/>	<input type="checkbox"/>
Wheat	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

Advance Directives	Yes	No	Location of Document	Contact Person, Phone # of persons with access (i.e., attorney)
Durable Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>		
Do Not Resuscitate (DNR)	<input type="checkbox"/>	<input type="checkbox"/>		
Living Will	<input type="checkbox"/>	<input type="checkbox"/>		
Healthcare Proxy/Surrogate	<input type="checkbox"/>	<input type="checkbox"/>		