

Patient's Emergency Plan

1.888.833.2323

Disaster Classification _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

NOTE: This document will serve as a quick reference source in case an emergency occurs. Keep this document where it can easily be found. Inform other significant persons (for example, relatives, neighbors, close friends, housekeepers) of its location.

1. In the event of a **Serious Medical Emergency**, your **Physician** should be telephoned immediately. If one is unable to contact the physician, and the judgement is made that the condition necessitates skilled evaluation and intervention, the patient should be taken to a hospital emergency room. It is best to have made the choice of which emergency room in advance, base upon location and prior conversation with one's physician or call 911.

Physician Name: _____ Hospital E.R.: _____

Phone _____ Fax: _____

2. **E.M.S.** - This number is "911". The operator answering this call will take the necessary information. The **correct address** must be given in an **understandable** manner. (The "911" number is also the number to call in case one needs to notify the Fire Department or Police Department).
3. Keep a list of all **MEDICATIONS** which you take attached to this document. Be sure to **update** the list whenever changes occur in your medication regimen, so that it is always current and accurate.

Medications Allergies:

Pharmacy Name: _____ Phone: _____

4. Name of Close Relative: _____ Relationship: _____
Address: _____ Phone: _____

5. Name of Neighbor or Close Relative: _____
Address: _____ Phone: _____

Special Instructions (re: medications, medical condition, treatments, etc.) from visiting nurse & / or therapist:

Medications Allergies:

Pharmacy Name: _____ Phone: _____

4. Name of Close Relative: _____ Relationship: _____
Address: _____ Phone: _____

5. Name of Neighbor or Close Relative: _____
Address: _____ Phone: _____

Special Instructions (re: medications, medical condition, treatments, etc.) from visiting nurse & / or therapist:

A copy of this document was explained to patient/family and left at patient's residence on

Date
PATMER

Signature/Title