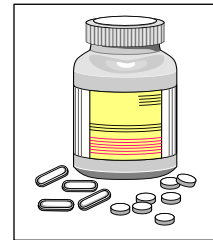




INFORMATION IN CASE OF EMERGENCY



This is a means to communicate vital information between individuals, their caregivers, and Emergency personnel in case of emergency.

The form below should be carefully completed. Please place on the **front of your REFRIGERATOR** and attach any pertinent legal documents (i.e. Living Will, Durable Power Of Attorney For Healthcare, DNR Orders).

INFORMATION FOR: _____

Date Form Completed: _____ Date of Birth: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Medicare #: _____ Medicaid #: _____

Family Doctor: _____ Doctor's Phone #: _____

Preferred Hospital: _____ Insurance Co: _____

Home Health Care Agency: _____ Phone #: _____

Medical Equip. Company: _____ Phone #: _____

Pharmacy: _____ Phone #: _____

Other information on Services: _____

IN CASE OF EMERGENCY CALL:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

EMERGENCY INFORMATION – Page 2

Do you currently have any of the following?

High Blood Pressure: Yes No

Heart Disease: Yes No

Arthritis: Yes No

Cancer: Yes No

Diabetes: Yes No

Stroke: Yes No

Lung Disease: Yes No

Glaucoma: Yes No

Pacemaker: Yes No Model #:

Dementia: Yes No

Normal Pulse Rate: _____

Normal Blood Pressure: _____

Allergies to Medications: _____

Medication	Dosage	Frequency
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		

Other Medical Related Information: _____

For more information, or to request more forms, please contact the COAAA at 800-589-7277