

# Medical Emergency Information Form



DNR/No CPR Directive is located \_\_\_\_\_

Name:

Date of Birth:

Sex/Gender Identity:

Primary Language:

### Medical Conditions

---

---

---

---

Speech difficulties    Hearing difficulties    Vision difficulties    Memory/Cognitive difficulties  
I need the following equipment, adaptive aids, or accommodations:

### Medications

---

---

---

---

---

---

### Allergies

---

---

---

---

Primary Doctor:

Preferred Medical Facility:

Health Care Proxy on file at:

### Emergency Contacts (name, relation & phone)

- 1.
- 2.
- 3.

### I am a caregiver...

\_\_\_\_\_ depends on me for their cares. This person can/cannot be left home alone without assistance. Please contact \_\_\_\_\_ to notify of my absence so other arrangements can be made. \*\*

\*\* Attach the purple dementia crisis form if applicable.

Date Completed: \_\_\_\_\_