INFORMATION SHEET
IN CASE OF EMERGENCY
CALL 911

CONTACT INFORMATION

First Name _____ Last Name _____

Address _____ Apartment Number _____

City _____ Postal Code ___ ___ ___ ___ ___ ___

Main Phone (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___ Alt. Phone (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Health Card ___ ___ ___ ___ - ___ ___ ___ - ___ ___ ___ - ___ ___ Birth Date ___ ___ / ___ ___ / ___ ___ ___ ___
day month year

Primary Language(s) _____ Gender ☐ M ☐ F

☐ Advanced Care Directive → On file with _____

Emergency Contact 1 _____

Main Phone (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___ Alt. Phone (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Emergency Contact 2 _____

Main Phone (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___ Alt. Phone (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Primary Care Provider _____

Phone (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

RELEVANT MEDICAL HISTORY

☐ **Cardiac** (angina, heart attack, bypass, pacemaker)	☐ **Diabetic** (Insulin / Non Insulin Dependant)	☐ **Cancer**
☐ **Stroke/TIA**	☐ **COPD** (emphysema, bronchitis)	☐ **Alzheimer**
☐ **Hypertension** (high blood pressure)	☐ **Seizure** (convulsions)	☐ **Dementia**
☐ **Congestive heart failure**	☐ **Asthma**	☐ **Psychiatric**

Other _____

MEDICATIONS

1) _____ 6) _____ 11) _____

2) _____ 7) _____ 12) _____

3) _____ 8) _____ 13) _____

4) _____ 9) _____ 14) _____

5) _____ 10) _____ 15) _____

MEDICAL ALLERGIES

☐ **No Known Allergies** ☐ **Penicillin** ☐ **ASA** (Aspirin) ☐ **Sulpha** ☐ **Codeine**

Other _____

SPECIAL CONSIDERATIONS

Communicable Infection / Disease _____

Other _____

Hospital affiliation _____ → ☐ **Extensive history,**

☐ **Specialty** (Dialysis, neuro, etc.) _____

MOBILITY / SENSORY

☐ **Dentures** ☐ **Visual** (impairment / glasses / blind) ☐ **Hearing** (impairment / aid / deaf)

☐ **Mobility issues** (cane / wheelchair / walker / motorized scooter / prosthetic limb)

PET CARE CONTACTS

Contact 1 _____ **Phone** (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Contact 2 _____ **Phone** (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

List of pets and pet care instructions _____

_____

Completed by _____ **Date** ___ ___ / ___ ___ / ___ ___ ___ ___
day month year