



# 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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ version code 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)

Asthma

Cancer

Stroke/TIA

COPD (emphysema, bronchitis)

Alzheimer

Hypertension (high blood pressure)

Seizure (convulsions)

Dementia

Congestive heart failure

Diabetic Insulin / Non Insulin Dependant

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

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)

Completed by \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year