ELDERConsult
GERIATRIC MEDICINE
Housecalls + Education

EMERGENCY CONTACT AND CURRENT MEDICATION INFORMATION

PATIENT INFORMATION			Today's Date:
Name:	**Date of Birth:**		**Social Security Number:**
Home Address:			**Home Phone:**
Lives with: **Phone:**			**Sex □ Female** **□ Male**
Eye color:	**Hair color:**	**Height:**	**Weight:**
Ambulatory **□ Yes □ No**	**Medicare #:**	**MediCal #:**	**Primary Language:**
Other Insurance:		**Hospital Preference:**	

Physician(s):	Physician's Phone Number:	Pharmacy:	Pharmacy Phone Number:

EMERGENCY CONTACTS				
NAME	**RELATIONSHIP**	**HOME PHONE**	**MOBILE PHONE**	**WORK PHONE**

Do you have an Advanced Directive (*Durable Powere of Attorney for Healthcare, Prehospital Do Not Resuscitate or PULSE*)? □ YES □ NO ***If you want these wishes followed, enclose a COPY with this form***

MEDICAL CONDITIONS			
□ No medical conditions	**□ Heart/ Pacemaker**	**□ Dementia/Alzheimer's**	**□ Angina**
□ Fractures	**□ Diabetes**	**□ Stroke**	**□ Hepititis**
□ Asthma	**□ COPD/Emphysema**	**□ Glaucoma**	**□ Epilepsy**
□ Seizures	**□ High Blood Pressure**	**□ Anemia**	**□ Hemophilia**
□ Kidney problems	**□ Low Blood Pressure**	**□ Hypoglycemia**	**□ AIDS**
□ Bleeding/Clotting	**□ Artificial limbs**	**□ Other:**	
Contact Lenses: **□ Yes □ No**	Glasses? **□ Yes □ No**	Hearing Aids? **□ Yes □ No**	Dentures? **□ Yes □ No**

Please Complete the Reverse Side

Minister/Priest/Rabbi/Other (circle one)	Name:	Phone:

ALLERGIES	
ALLERGIES	REACTION
□ No known allergies	
□ Latex	
□ Demorol	
□ Codeine	
□ Morphine	
□ Penicillin	
□ Aspirin	
□ Insect Stings	
□ Sulfa	
□ Other:	

CURRENT MEDICATION REGIMEN **Effective Date: _____**

MEDICATION	DOSAGE	FREQUENCY	CONDITION / SPECIAL NOTES

For additional medications, attach separate page

I certify that the information on this form is accurate and up-to-date. I also understand that Emergency Responders may rely on this information to treat me. I agree not to hold Emergency Responders responsible for inaccurate or out-of-date information.

Signature:	Date:

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Compliments of:
Elizabeth Landsverk, M.D.
Board Certified Internist, Geriatrician, Palliative Medicine
Comprehensive, Expert Medical Care for Older Individuals
● Burlingame, CA 94010 ● (650) 357-8834 ● www.ElderConsult.com
House Calls throughout the San Francisco Bay Area

Emergency Information Sheet Directions

This sheet is designed to speak for you when you cannot speak for yourself. The pocket contains important medical information that can assist emergency personnel in administering the proper medical treatment when they respond to a call to your home.

Follow these 2 simple steps

1. Fill out the Emergency Information form

- **Make additional copies for future updating**
- **Fill out completely- and DATE it**
- **Update at lease ONCE A YEAR or as your medications or other information changes**
- **Additional documents to add: copy of Living Will POLST, or Advanced Medical Directive, most recent EKG, recent picture of yourself.**

2. Place the papers inside the vinyl pocket and on the *OUTSIDE DOOR* of your refrigerator.

If you have a refrigerator surface where magnets do not stick, use stick on Velcro or double stick tape to attach

Use the clear pocket on the front for:

- **Your Doctor's business card**
- **Emergency Contact information**
- **or a photo of you to assist with identification**

If rescue workers come into your house, they will find all the important information you provided right on your refrigerator door and be able to help you much more quickly and efficiently.

***** This is especially important if you live alone or cannot communicate well *****

Some people place additional Emergency Information forms in the glove compartment of their car or in a wallet in case of accident.

Be sure to update all information- *especially medications* frequently with changes

Emergency Information form compliments of

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Emergency Medical Information

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Board Certified in Internal Medicine, Geriatrics and Palliative Care Medicine. Focus on minimizing medications, treating complex medical and psychosocial conditions, pain, agitation, dementia and maximizing enjoyment of life. Expert Medical Care Always On Call For Elders

www.ElderConsult.com [illegible]

House Calls Throughout the San Francisco Bay Area

Name: ______________________________

In an EMERGENCY

DIAL 911

Give the following information:

1. Name and Phone Number
2. Address of the Emergency
3. Describe the type of Emergency
4. Stay on the phone until dispatcher hangs up
5. Have someone wait outside to direct help

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