

EMERGENCY INFORMATION SHEET (FRIDGE SHEET)

Post this on your refrigerator or another visible location for emergency responders.

EMERGENCY INFORMATION SHEET PATIENT INFORMATION:

Name: _____

aGE: _____

Address: _____

Emergency Contact Person 1. Name: _____

Relationship: _____

Phone: _____

EMERGENCY CONTACTS: 2. Name: _____

Relationship: _____

Phone: _____

PRIMARY CARE PHYSICIAN:

Name: _____

Phone: _____

PRIMARY HOSPITAL Name _____

Address: _____

HEALTHCARE PROXY / POWER OF ATTORNEY:

Name: _____

Contact Number: _____

ALLERGIES (medications, foods, other):

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Follow the Laws of Protected Health Information (PHI)

45 CFR 160.103

“Protected health information means individually identifiable health information transmitted or maintained in any form or medium.”



EMERGENCY INFORMATION SHEET



MAJOR MEDICAL CONDITIONS:

CURRENT MEDICATIONS (name, dose, frequency):

(See full medication list in binder for complete details)

ASSISTIVE DEVICES:

- Walker Cane Wheelchair Oxygen Hearing aids Eyeglasses

Dentures

CODE STATUS (if applicable):

- Full code (attempt all resuscitation) Do Not Resuscitate (DNR)

Copy of DNR order if available (located): _____

POLST form on file if available – located: _____

ADDITIONAL IMPORTANT INFORMATION:

LOCATION OF IMPORTANT DOCUMENTS: _____

Command Center binder: _____

Healthcare Proxy/POA documents: _____

Advance directives: _____

Date of this sheet: _____

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