

APPENDIX F

EMERGENCY INFORMATION SHEET (FRIDGE SHEET)

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

EMERGENCY INFORMATION SHEET

PATIENT INFORMATION:

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

EMERGENCY CONTACTS:

1. Name: _____ Relationship: _____

Phone: _____

2. Name: _____ Relationship: _____

Phone: _____

PRIMARY CARE PHYSICIAN:

Name: _____

Phone: _____

PREFERRED HOSPITAL: _____

HEALTHCARE PROXY / POWER OF ATTORNEY:

Name: _____

Phone: _____

ALLERGIES (medications, foods, other):

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 is located:

☐ POLST form on file — located: _____

ADDITIONAL IMPORTANT INFORMATION:

LOCATION OF IMPORTANT DOCUMENTS:

Command Center binder: _____

Healthcare Proxy/POA documents: _____

Advance directives: _____

Date of this sheet: _____