

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.”





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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