

# EMERGENCY PHONE NUMBERS AND INSTRUCTIONS

(If different from office phone no.) ON-CALL PHONE NO. ( \_\_\_\_\_ ) \_\_\_\_\_

## EMERGENCY PHONE NUMBERS

Description	Name	Phone
Hospital of choice		
Physician to call		
Physician, back-up		
Next of kin		
Alternate contact (e.g., neighbor)		
Local emergency response no.		
Fire		
Police		
Ambulance		
Poison Control		
Other:		
Equipment company rep.		
Pharmacy		
Spiritual counselor (if applicable)		

## EMERGENCY GUIDELINES/INSTRUCTIONS

Symptoms to report with call to:  
**911** or other (specify) \_\_\_\_\_  
 Physician \_\_\_\_\_ On call \_\_\_\_\_

Personal emergency response system?  No  Yes, specify: \_\_\_\_\_

Preplanned funeral arrangements?  No  Yes, specify: \_\_\_\_\_ :

Emergency preparedness kit (dependent upon geographical needs)  Not applicable  
 Water  3-day food supply  Flashlight and dry battery  
 Battery-operated radio (emergency broadcast)  
 Other, specify \_\_\_\_\_

In the event of tornado: The best place to shelter/take refuge in the home is: \_\_\_\_\_  
 Can patient reach this area independently?  Yes  No, will be assisted by: \_\_\_\_\_

In the event of evacuation: Patient prefers to:  Stay home  Go to public shelter  
 Go to a chosen safe place (explain): \_\_\_\_\_

Receipt of Home Environment Safety Evaluation?  No  Yes, date \_\_\_\_\_

## ADDITIONAL EMERGENCY GUIDELINES/INSTRUCTIONS

PATIENT NAME – Last, First, Middle Initial	ID#
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