

# 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


PART 1 – Clinical Record

PART 2 – On-Call

PART 3 – Patient

PATIENT NAME – Last, First, Middle Initial

ID#