

# CAREGIVER EMERGENCY INFORMATION

Keep this document in a visible location (e.g., Refrigerator)

## PATIENT IDENTIFICATION

FULL NAME Johnathan Q. Example  
DATE OF BIRTH 01/15/1945  
HOME ADDRESS 123 Maple Avenue, Springfield, IL 62704

## EMERGENCY CONTACTS

PRIMARY CAREGIVER Jane Doe (Daughter)  
PHONE NUMBER (555) 012-3456  
SECONDARY CONTACT Robert Smith (Son-in-law)  
PHONE NUMBER (555) 987-6543

## MEDICAL PROFILE

BLOOD TYPE A Positive  
ALLERGIES (MEDICATION/FOOD) Penicillin, Peanuts, Latex  
PRIMARY DIAGNOSES Type 2 Diabetes, Hypertension, Early-stage Dementia

## CURRENT MEDICATIONS

Medication Name	Dosage	Frequency
Metformin	500mg	Twice Daily (Morning/Evening)
Lisinopril	10mg	Once Daily (Morning)

## PHYSICIAN & PHARMACY

PRIMARY CARE PHYSICIAN Dr. Sarah Williams  
PHYSICIAN PHONE (555) 222-3333  
PREFERRED HOSPITAL Springfield General Hospital  
PHARMACY PHONE (555) 888-9999

## IMPORTANT CARE INSTRUCTIONS / NOTES

- Hard of hearing in left ear.
- Uses a walker for stability.
- Requires glucose check before dinner.

Last Updated: October 2023