

EMERGENCY CONTACT CHART

Resident: _____

PRIMARY EMERGENCY CONTACTS

NAME / RELATIONSHIP

PHONE NUMBERS

ADDRESS / NOTES

1.

Relationship:

Cell:

Home:

2.

Relationship:

Cell:

Home:

MEDICAL PROFESSIONALS

SPECIALTY

PHYSICIAN NAME

PHONE / HOSPITAL AFFILIATION

Primary Care

Cardiology

Pharmacy

Phone:

ESSENTIAL INFORMATION

Date of Birth

Blood Type

Allergies

Major Diagnoses

Insurance Provider

Policy #

PREFERRED FACILITIES

Preferred Hospital

Advanced Directives Full Code / DNR / DNI (Location of documents: _____)

Updated on: _____ | This document should be kept on the refrigerator or near the main entry.