

IMPORTANT HEALTH/HOME CONTACT INFO
Name of Resident(s) - DATE Completed (or Updated)
Address / Phone number(s) /cell /home
Date of Birth
Health coverage information #'s etc.
Lifeline / Medical Alert #

IF AN EMERGENCY CALL '911'

IMMEDIATE CONTACTS

Primary Contact for Emergency Health Purposes – Named by Resident. The first person the Resident or first responder would contact in case of an emergency.

/Name/Relationship to Resident/Address/City/Country/Contact info – phone # cell/home/email

Other Family/Friends/Neighbours/Advocate – Named by Resident. The next person the Resident or first responder would contact in case of emergency if Primary Contact (above) could not be reached.

/Name/Relationship to Resident /Address/City/Country/Contact info - phone # cell/home/email

OTHER IMPORTANT (FAMILY) CONTACTS - Named by Resident.

/Name/Relationship to Resident/Address/City/Country/Contact info - phone # cell/home/email

MEDICAL/HEALTH INFORMATION & CONTACTS

Known Allergies – Listed by Resident.

/List or attachment

Current Medications / Pharmaceuticals / Herbals – Listed by Resident.

A list of physician-prescribed medications may be requested from Pharmacist (Ask for a print-out).

/List or attachment

Important and Current Diagnoses / Health Conditions – As Resident wishes listed.

/List or attachment

Personal Health Directives (PHD) – As Resident wishes listed.

Indicate 'Yes' if completed and where the Personal Health Directives can be found in the home (so a first responder can follow Resident's wishes). List who else has a copy & contact info.

/Yes/Where located/Other locations/Other PHD contacts

Spiritual Contact – As Resident wishes named.

/Name of Place/Person/Contact info/Other info Resident wishes included

Family Physician – Named by Resident.

/Name/Clinic Name/Phone #/Email/Website/Location/Address/Notes/Other Info

Pharmacist – Named by Resident.

/Name/Clinic or Store/Phone #/Email/Website/Location/Address /Payment/Coverage / Packaging/Delivery/Notes/Other Info etc.

Other Medical & Health Contacts/Specialists/Therapists etc. - Named by Resident.

/Name/Type of Practice/Type of Provider/Clinic Name/Phone #/Email/Website/Location /Address/Payment/Coverage/Notes/Other Info etc.

Dentist/Dental Care – Named by Resident.

/Name/Type of Practice/Clinic Name/Phone #/Email/Website/ Location/Address/ Payment/Coverage/Notes/Other Info etc.

Medical Supplies/Equipment - Named by Resident.

/Type of Supply or Equipment/Name of Store or Supplier/Phone # / Location / Address / Contact / Notes/ etc.

HOUSE / HOME HELP CONTACT INFO

Key People (i.e., Landlord/Housekeeper/Cleaner/Homecare Provider & Service/ Case Manager/Food Services/Pet Walker or Helper/Veterinarian/Other – Named by Resident.

/Name of Person/Name of Agency or Association/Type of Help/Phone #/Email/Website/Other Contact Info/Location/Address/Referred By/Notes/Other

Driver(s) Service or Volunteer – Named by Resident.

/Name of Person/Name of Agency or Association/Type of Help/Phone #/Email/Website/Other Contact Info/Location/Address/Referred By/Notes/Other (i.e., special Hours, Days of Work/Payment Details etc.)

Other Essential Services – Named by Resident.

/Name of Person/Name of Agency or Company/Type of Work (i.e., Handy person for Repairs / Heating / Plumbing / Appliances / Electrical / Maintenance / Outdoor Garden & Snow Removal)/Phone #/Email/Website/Other Contact Info/Location/Address/Referred by/Payment/Notes/Other (i.e., Special Hours, Days or Months of Work)

CLOSE FRIENDS / OTHER RELATIVES / CLUBS / SOCIAL EVENTS

Name of Person/Association/Club/Social Group/City/Phone #/Email/ Website/ Address/Notes/Other Contact info/Notes

Drafted by Sharon Nettleton – April 10/2020