Important Information About Me

Personal Information

Full Name _____ Phone _____

Address _____ Email _____

Health and Medical Information

I Have a Physician Orders for Life-Sustaining Treatment (POLST) ☐ Yes ☐ No

Insurance Provider/Plan _____

My Doctor's Name _____ Phone _____

My Medical Conditions/Needs _____

_____

My Medications and the Dosages _____

(E.g., Zoloft 50mg daily)

_____

How I Communicate

Primary Language _____

My Way of Communicating _____

_____

Best Way to Communicate With Me _____

_____

Best Way to Assist Me _____

_____

I am Non-Speaking ☐ Yes ☐ No

I am Deaf or Hard-of-Hearing ☐ Yes ☐ No

I am Blind or Have Low-Vision ☐ Yes ☐ No

Other Information

Important Things I Use

☐ Glasses 

☐ Mobility Aid(s) *(E.g., Wheelchair)* 

☐ Other _____

☐ Hearing Aid 

☐ Service Animal 

How I Eat _____

(E.g., Pasta or food with a solid texture)

Emergency Preparedness

My Emergency Kit is Located _____

Emergency Contacts

1 Person's Name _____ Home Phone _____

Relationship _____ Work Phone _____

2 Person's Name _____ Home Phone _____

Relationship _____ Work Phone _____

3 Person's Name _____ Home Phone _____

Relationship _____ Work Phone _____