

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 _____



I am Non-Speaking

☐ Yes ☐ No

My Way of Communicating _____

I am Deaf or Hard-of-Hearing

☐ Yes ☐ No

Best Way to Communicate With Me _____

I am Blind or Have Low-Vision

☐ Yes ☐ No

Best Way to Assist Me _____

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 _____