**Health Information Emergency Plan**

This emergency plan is to ensure you are prepared in the event of an unexpected emergency. Fill out one form for each family member.

**The Basics**

|  |  |
| --- | --- |
| Full Name |  |
| Blood Type |  |

**Medical Basics**

|  |  |
| --- | --- |
| Primary Physician  |  |
| Primary Physician Phone  |  |
| Other Physician(s)(List specialties and phone number) |  |
| Other Physician(s)(List specialties and phone number) |  |
| Other Physician(s)(List specialties and phone number) |  |

 **Medical History**

|  |  |
| --- | --- |
| Surgeries |  |
| Policy Number |  |
| Agent Name |  |
| Phone |  |

|  |  |
| --- | --- |
| Surgeries |  |
| Policy Number |  |
| Agent Name |  |
| Phone |  |

**Medical History (continued)**

|  |  |
| --- | --- |
| Food Allergies |  |
| Medicine Allergies |  |
| Other Allergies  |  |
| Immunization/Date |  |

|  |  |
| --- | --- |
| Food Allergies |  |
| Medicine Allergies |  |
| Other Allergies  |  |
| Immunization/Date |  |

**Medical History (continued)**

|  |  |
| --- | --- |
| Diseases |  |
| Medications |  |
| Med doses  |  |
| Primary Physician |  |

|  |  |
| --- | --- |
| Diseases |  |
| Medications |  |
| Med doses  |  |
| Primary Physician |  |

**Insurance**

|  |  |
| --- | --- |
| Primary (List name, address and phone number) |  |
| Secondary (List name, address and phone number) |  |
| Organ Donor (Y/N) |  |
| Living Will Location |  |
| Power of Attorney Location  |  |

**Pharmacy Contact**

|  |  |
| --- | --- |
| Pharmacy Name |  |
| Phone  |  |