



EMERGENCY PHONE LIST/IMPORTANT MEDICAL INFORMATION

Emergency Contacts

Contact #1 : _____

Home phone # : _____

Cell phone # : _____

Address : _____

: _____

Contact #2 : _____

Home phone # : _____

Cell phone # : _____

Address : _____

: _____

Contact #3 : _____

Home phone # : _____

Cell phone # : _____

Address : _____

: _____

Primary Care Physician

Name : _____

Phone number : _____

Cell phone number : _____

Address : _____

: _____

Specialist

Specialist #1 : _____
Phone # : _____
Cell phone/pager # : _____
Address : _____
: _____

Specialist #2 : _____
Phone # : _____
Cell phone/pager # : _____
Address : _____
: _____

Specialist #3 : _____
Phone # : _____
Cell phone/pager # : _____
Address : _____
: _____

Hospital

Hospital name : _____
Main phone # : _____
Emergency room phone # : _____
Address : _____
: _____

Secondary Hospital

Hospital name : _____
Main phone # : _____
Emergency room phone # : _____
Address : _____
: _____

Pharmacist

Pharmacy name : _____

Phone number : _____

Address : _____

: _____

Secondary pharmacy : _____

Phone number : _____

Address : _____

: _____

Insurance Company

Insurance company name : _____

Phone number : _____

Address : _____

: _____

Member ID # : _____

(Please note: Because of the HIPAA Privacy Rule, you need to complete an Authorization to Release Form in order to call an insurance company on a member's behalf.)

Other

Allergies

Medications

Blood Type

Chronic Conditions

Miscellaneous