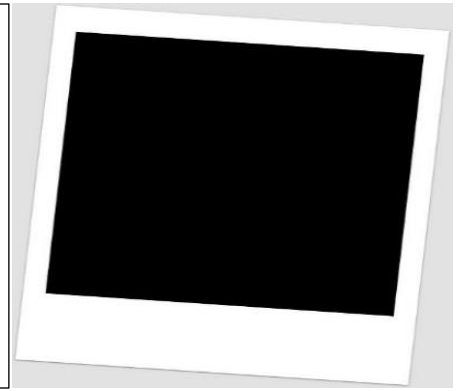




This booklet has been printed courtesy of Greene County Department of Human Services (518-719-3555). Please leave it in the plastic sleeve and hang on your refrigerator so it is convenient in case of an emergency.

FIRST 48 HOURS IMPORTANT INFORMATION

ATTACH PHOTO



PERSONAL INFORMATION

Full name	M	F
Nickname		
Birthday (MM/DD/YYYY)		
Home address		
Home phone		
Mobile or cellular phone		
Personal Care giver name	Phone #	

EMERGENCY & MEDICAL INFORMATION

Emergency contact name

Phone #

Advance Directives:

- Living will**

- Power of Attorney**

- Health Care Proxy**

- DNR**

- Organ Donor**

- Guardian**

Primary Care Doctor's Name & Address

Phone #

Additional Doctors

Doctor's name:

Specialty:

Phone #

Doctor's name

Specialty:

Phone #

Current Medical Conditions

Pharmacy:	Phone #:
Current medications	Strength & Dosage
Blood type	
Known allergies	

Do you have a disability? No Yes If yes, describe	
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Do you have a Service Animal? No Yes (Describe under Pets)	
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Past surgeries and/or hospitalizations	Date
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PETS

Animal(s) name/Age

Description of animal

Contact to care for animal(s)

Special pet instructions:

FAMILY

Name/relationship

Phone #

Name/relationship

Phone #

Name/relationship

Phone #

Name/relationship

Phone #

Name/relationship

Phone #

INSURANCE

HEALTH INSURANCE COMPANY: PRIMARY

Phone #

Policy #

Group #

SECONDARY HEALTH INSURANCE COMP:

Phone #

Policy #

Group #

LIFE INSURANCE	
Company	
Policy #	
Phone #	
MISC HOME INFORMATION	
Landlord name and phone #	
Homeowners/renters Insurance policy #	Phone #
Water company, Account #	Phone #
Shut off location	
Gas company Account #	Phone #
Oil company Account #	Phone #

Cable Account #	Phone #
Need to suspend service?	
Should mail service be stopped?	
Other important information :	
Signature	Date

NOTES