



Emergency Information Sheet

Critical contacts and medical alerts at a glance

Client Information

Full Name

Date of Birth

Home Address

BC PHN

Family Physician

Physician Phone

Emergency Contacts

Name	Relationship	Phone (Primary)	Phone (Alt)

Medical Alerts

Allergies (medication, food, environmental)

Active diagnoses & conditions

Implants, devices, pacemaker, DNR status

Preferred Hospital / Care Facility

Hospital

Phone

Keep a copy of this form posted on the refrigerator and with the client's medical binder.