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## **EMERGENCY INFORMATION**

**THE FOLLOWING INFORMATION WILL ASSIST 1ST RESPONDERS IN AN EMERGENCY. IT WILL BE HELD IN THE STRICTEST CONFIDENCE BY MVEST, AND WILL BE AVAILABLE ONLY IN THE EVENT OF AN EMERGENCY. ANSWER ONLY THOSE QUESTIONS YOU WANT ON FILE. RETURN THIS TO THE PERSON WHO GAVE IT TO YOU.**

**NAME:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE: HOME** \_\_\_\_\_ **CELL** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**DO YOU USE A WALKER ( ) CANE ( ) CRUTCHES ( ) WHEELCHAIR ( )?**

**DO YOU DRIVE? YES ( ) NO ( )**

**PLEASE STATE THE EQUIPMENT YOU USE IN THE HOME SUCH AS A HOSPITAL BED, C-PAP**

\_\_\_\_\_

**OXYGEN? YES( ) NO( ) PORTABLE? YES( ) NO( ) USE SOMETIMES?( ) CONTINUOUS?( )**

**LIST NAME AND TELEPHONE # OF THE COMPANY THAT SUPPLIES YOUR OXYGEN:**

\_\_\_\_\_

**DO YOU NEED MEDICATION WITHIN 24 HOURS TO MAINTAIN YOUR HEALTH? YES ( ) NO ( )  
IF SO, PLEASE LIST THEM, DOSAGE AND THE TIMES TAKEN ON THE REVERSE OF THIS SHEET**

**WHO BESIDES YOURSELF HAS A KEY TO YOUR HOME? PLEASE LIST THEIR NAMES AND #**

\_\_\_\_\_

\_\_\_\_\_

**DOES THE FRONT OFFICE HAVE A KEY TO YOUR HOME [IN YOUR PERSONAL FILE]?YES( ) NO( )**

**WHO SHOULD BE CONTACTED IN CASE OF AN EMERGENCY?  
[LIST ADDITIONAL NAMES, ADDRESSES AND PHONE NUMBERS ON THE REVERSE]**

**NAME:** \_\_\_\_\_ **RELATION** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**DO YOU HAVE A PET[S]? PLEASE STATE TYPE AND NUMBER**

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