

Synapse House
Emergency Information Sheet – 6.01.B
This information is to be kept confidential and updated as necessary.

Name:	Date Completed:
Address:	
City / State / Zip:	
Phone:	Cell:
Email Address:	
Date of Birth:	Age:
Physician's Name/Medical Group:	Physician's Phone:
Legal Guardian or Power of Attorney:	

Emergency Contacts	Relationship	Phone
Primary:		

Medical History:

Impairments (visual, hearing, paralysis, swallowing, speech):

Are you on any type of blood thinners? (i.e. Coumadin, Eliquis)

Allergies (food, latex, or medications):
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Medical Care Release – I give consent for necessary, unexpected, or emergency medical health and/or hospital services. This document shall be presented to a physician or appropriate hospital representative at such time necessary. I understand that Synapse House will inform my emergency contact listed above immediately to alert them of my condition. If it is possible and will not cause any deterioration or worsening of undue risk or pain, all surgical proceedings shall be at notice to the family or guardian.

Signature or Signature of Legal Guardian/Parent Date

FOR OFFICE USE ONLY:	Updated in BI First?	NFG?	Copies Made?	Updated by?
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