

Client Emergency Contact Form For: Nola's Angeles Senior Care

Client Name: _____ DOB: _____

Home Phone: _____ Cell: _____ Work: _____

Address: _____

Email: _____

Emergency Contact:

In case of an emergency who should Nola's Angeles contact?

Name: _____

First Name

Last Name

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Relationship to Client: _____

2nd Contact

Name: _____

First Name

Last Name

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Relationship to Client: _____

Medical Insurance Information:

Company Name: _____ Policy #: _____

Doctor Name: _____ Phone #: _____

Doctor Name: _____ Phone #: _____

Comments:

Please include any special medical or personal information you would want an emergency care provider to know. Such as medications, medical history.

I have voluntarily provided the above contact information and authorize Nola's Angeles Senior Care and its representatives to contact any of the above on my behalf in the event of an emergency including calling 911 emergency services.

Client Signature: _____ Date: _____