



Post in Easily Viewable Areas

HOT LIST for EMERGENCY SERVICES and CAREGIVERS

Patient Name: _____ Update Date: _____

Current Location: _____ Phone: _____

Family Caregiver Name: _____ Cell Phone: _____

Secondary Caregiver Name: _____ Cell Phone: _____

Primary Doctor, Name, Location, Phone: _____

Pharmacy Name, Location, Phone: _____

Medication List: *use reverse to add more details – When using a pill box make sure to keep the original RX bottle. Original container has name, pharmacy info, RX # for confirmation*

Allergies: _____

Medical Devices: *e.g. implant, hearing aid, eyeglasses, denture, pacemaker, prosthetic, other list*

Mental Capacity and other alerts: *e.g. dementia, schizophrenia, autism, other list*

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Prior Trauma: *e.g. diabetic, stroke, heart attack, other list*

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List other important necessities or awareness: *e.g. native language, religion, organ donor, pets, alarm systems, restraining orders, other list*

All content and material is for informational purposes only - not intended as a substitute for the consultation, diagnosis and/or medical treatment from a qualified physician or healthcare provider.

Keep information updated. Ver 2.0

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In the event of an EMERGENCY CALL 911 immediately