

# EMERGENCY PHONE NUMBERS AND INSTRUCTIONS

EMERGENCY PHONE NUMBERS		
Description	Name	Phone
Hospital of choice		
Physician to call		
Physician, back-up		
Next of kin		
Alternate contact (e.g. neighbor)		
Local emergency response no.		
Fire		
Police		
Ambulance		
Other		
Nurse, primary		
Equipment company rep.		
Pharmacy		
Spiritual counselor (if applicable)		
<b>CPR Status- FULL-NO CODE</b>		
<b>Advanced Directives</b>		
<b>Symptoms to report with call to: 911 or other (specify)</b>		
_____		
<b>Physician</b> _____		
<b>On-Call</b> _____		
<b>Personal emergency response system?</b> ___ No ___ Yes, specify _____		
_____		
<b>Preplanned funeral arrangements?</b> ___ No ___ Yes, specify _____		
<b>Emergency preparedness kit (dependent upon geographical needs)</b> ___ Not applicable		
___ Water ___ 3-day food supply ___ Flashlight and dry battery		
___ Battery-operated radio (emergency broadcast) ___ Other, specify _____		
<b>Receipt of Home Environment Safety Evaluation</b> ___ No ___ Yes, date ___/___/___		
ADDITIONAL EMERGENCY GUIDELINE INSTRUCTIONS		
PART 1 CLINICAL RECORD	PART 2 ON CALL BOOK	CLIENT
Client Name-Last, First, Middle Initial	ID#	