PRINTABLE • KEEP WITH THE PATIENT

Emergency Information Sheet

For a person living with Parkinson's disease

PARKINSON'S MEDICATIONS ARE TIME-CRITICAL

Give each Parkinson's medicine at the exact home clock time and in the exact prescribed formulation whenever clinically possible. Do not stop Parkinson's medicines abruptly or change the schedule without the treating clinician, neurologist or pharmacist.

Patient identification

Full legal name: _____ Preferred name: _____

Date of birth: _____ Home address: _____

Primary language: _____ Interpreter needed? ☐ Yes ☐ No

Health insurance / member ID: _____

Emergency contacts

Contact	Relationship	Primary phone	Alternate phone
_____	_____	_____	_____
_____	_____	_____	_____

Allergies and critical conditions

Medication allergies / reactions: _____

Other allergies: _____

Other diagnoses that matter in an emergency: _____

Blood thinner / anticoagulant? ☐ No ☐ Yes: _____ Diabetes? ☐ No ☐ Yes

Current medication schedule

Include prescriptions, over-the-counter medicines and supplements. Attach the full pharmacy list if more space is needed.

Exact time	Medicine + formulation	Dose	Reason	Last dose
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parkinson's-specific care information

Year diagnosed: _____ Usual "on" times: _____ Usual "off" times: _____

What an "off" period looks like for this person: _____

Freezing triggers / cues that help: _____

Medical team and pharmacy

Neurologist / movement-disorder specialist: _____ Phone: _____

Primary care clinician: _____ Phone: _____

Preferred pharmacy: _____ Phone: _____

Preferred hospital / health system: _____

Mobility, falls and transfers

Usual mobility: ☐ Independent ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other: _____

Transfer assistance needed: ☐ None ☐ Standby ☐ One-person ☐ Two-person ☐ Mechanical lift

Recent falls / fall precautions: _____

Communication, thinking and behavior

Usual communication: ☐ Clear ☐ Soft voice ☐ Speech device ☐ Extra response time ☐ Other: _____

Best way to communicate: _____

Baseline cognition / confusion, hallucinations, anxiety or dementia: _____

Eating, drinking and swallowing

Diet texture: _____ Liquid consistency: _____ Dentures? ☐ Yes ☐ No

Swallowing precautions / positioning / supervision: _____

Implanted devices and special treatments

Deep brain stimulation (DBS): ☐ No ☐ Yes Manufacturer / model: _____

DBS controller location / specialist contact: _____

Other implanted device, pump or infusion therapy: _____

DEVICE AND MEDICATION SAFETY

DBS and infusion systems may have device-specific MRI, surgery or programming precautions. Verify the exact device and contact the treating specialist. Ask the neurologist or pharmacist to review unfamiliar medicines.

Advance care and practical information

Health care agent / proxy: _____ Phone: _____

Advance directive: ☐ No ☐ Yes Location / copy held by: _____

Code-status or medical orders available? ☐ No ☐ Yes Location: _____

Hearing aids / glasses / dentures / communication device location: _____

EMERGENCY

Call 911 for immediate danger, stroke signs, severe breathing or choking, loss of consciousness, chest pain, major injury or another life-threatening emergency.