



ELDER EMERGENCY INFORMATION CHART

The Complete Eldercare Planner

Today's Date _____

Full name _____

Address _____

City/State/Zip _____

Telephone (home, work, mobile) _____

Date and place of birth _____

Driver's License number and state issued _____

Auto make, model & license plate number _____

Social Security number _____

Medicare number _____

DNR (Do Not Resuscitate) order in effect? _____

Allergies _____

Blood type _____

Current medications _____

Religious Directives _____

Advance Directives _____

IMPORTANT TELEPHONE NUMBERS
(Call 911 for ambulance, fire and police emergencies)

Health Care

Network

Services

Doctor _____	Family _____	Electrician _____
Doctor _____	Family _____	Gas co. _____
Dentist _____	Family _____	Water co. _____
Hospital _____	Health Care Proxy _____	Computer _____
Pharmacy _____	Power of Attorney _____	Cable TV _____
Home care _____	Neighbor _____	Plumber _____
Aging agency _____	Neighbor _____	Maintenance _____
Visiting Nurse _____	Friend _____	House-sitter _____
Insurance _____	Senior center _____	Pet-sitter _____
Insurance _____	Social worker _____	Landlord _____
Insurance _____	Clergy _____	Banker _____
Senior day services _____	Co-worker _____	Attorney _____
_____	_____	Accountant _____
_____	_____	House Alarm _____
_____	_____	Locksmith _____
_____	_____	_____
_____	_____	_____
_____	_____	_____