

# Emergency Information

Keep this in a safe place so it is available in case of an emergency

Name	Caregiver Name
Address	Address (if Other)
City State Zip	City State Zip
Phone	Phone

Date of Birth	Social Security #
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## Insurance

Medicare #	Medicaid #
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Other Health Insurance Name	Policy #	Phone #
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## Doctors (including Specialists)

Name	Type	Phone #
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Name	Type	Phone #
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Name	Type	Phone #
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## Recent Visits to Doctor's Offices, ER or Other Healthcare Facility

Place	Reason	Date
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Place	Reason	Date
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Place	Reason	Date
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## Caregiver Services

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Care Manager Name

Phone #

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Program (CT Home Care Program for Elders, Respite Program, National Family Caregiver)

Agency

## Legal Representatives (Conservator, Power of Attorney, Guardian)

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Name

Phone #

## Medical Diagnosis

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## Food & Other Allergies

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## Prescription Medications & Over the Counter Medications

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Name	Dosage	Frequency
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Name	Dosage	Frequency
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Name	Dosage	Frequency
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Name	Dosage	Frequency
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Name	Dosage	Frequency
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Name	Dosage	Frequency
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Name	Dosage	Frequency
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Name \_\_\_\_\_

### **Additional Prescription Medications & Over the Counter Medications**

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Name	Dosage	Frequency
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Name	Dosage	Frequency
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