

Photo
Optional

**** EMERGENCY INFORMATION ****

Name _____ Birth Date _____ Age _____

Address/Zip Code _____ Phone _____

Physician _____ Phone _____ Exchange _____ Fax _____

Address/Zip Code _____

Person(s) to Contact in Emergency

	Name	Relationship	Business	Home	Cell
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Name of Resident Manager _____ Phone Number _____
(If residence is a condominium)

Code Status Perform CPR (Cardio-Pulmonary Resuscitation) Do Not Resuscitate (DNR)

Hospital Preference in Emergency _____

Alternate Physician _____ Phone _____ Exchange _____

Address/Zip Code _____

Allergies Medication (s) _____
 Food (s) _____
 Other _____

Identification Height _____ Weight _____ Other _____

Medical Insurance (Check all that apply):

Medicare HMSA Kaiser
 Other-Name _____

Completed By _____ Date _____

For Office Use Only: Client # _____