SOMEONE IN THIS HOUSEHOLD HAS MEMORY LOSS & CANNOT BE LEFT ALONE.

SEE OTHER SIDE FOR EMERGENCY INFORMATION

Finger Lakes Caregiver Institute at Lifespan | 1900 South Clinton Avenue | Rochester, NY 14618
flcireferral@lifespanrochester.org | www.lifespanrochester.org |585-244-8400

In Case of Emergency:

Name: ______________________________ **Date of Birth:** ______________________________
Address: ______________________________ **Phone:** ______________________________
MD Name: ______________________________ **MD Phone:** ______________________________
Preferred Hospital: ______________________________

Name: ______________________________ **Date of Birth:** ______________________________
Address: ______________________________ **Phone:** ______________________________
MD Name: ______________ **MD Phone:** ___________ **MD Phone:** ______________________________
Preferred Hospital: ______________________________

Emergency Contacts:

Name: ______________________________ **Name:** ______________________________
Phone: ______________________________ **Phone:** ______________________________
Relationship: ______________________________ **Relationship:** ______________________________

Caregiver Important Health Information:

Medical Conditions: ____

Allergies: ____

DNR: YES NO
Document location: __________________ **Person with Access:** _________________ **Phone:** ______________

Living Will: YES NO
Document location: __________________ **Person with Access:** _________________ **Phone:** ______________

Healthcare Proxy: YES NO
Document location: __________________ **Person with Access:** _________________ **Phone:** ______________

Care Receiver Important Health Information:

Medical Conditions: ____

Allergies: ____

DNR: YES NO
Document location: __________________ **Person with Access:** _________________ **Phone:** ______________

Living Will: YES NO
Document location: __________________ **Person with Access:** _________________ **Phone:** ______________

Healthcare Proxy: YES NO
Document location: __________________ **Person with Access:** _________________ **Phone:** ______________

***** FOR OTHER IMPORTANT INFORMATION,**
SEE EMERGENCY PLAN LOCATED HERE: __________________***

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