



Emergency Information



THE ONTARIO

caregiver

ORGANIZATION



Emergency information form

Attention Emergency Services! Please take this package to find out more about me.

First name: _____ Last name: _____

Former last name(s): _____

Nickname(s) - please indicate preferred: _____

Address: _____

City: _____ Postal Code: _____

Phone #: _____ Cell #: _____

Date of birth: _____ Sex: _____ Ethnicity: _____

Gender I identify with: _____

Language(s) spoken - please list and indicate first language: _____

Birthplace: _____

Current living arrangements -Alone/ With family/ Other (please describe): _____



Health and wellness

OHIP #: _____ Version Code: _____

Family doctor's name: _____ Phone #: _____

Do you have a Do Not Resuscitate Form (DNR) in place? Y/N _____

If so, where is it? _____

Is there a Power of Attorney (POA)? Y/N _____

If so, who is the POA? _____

Name: _____ Phone: _____

Email: _____

Registered with Medic Alert Or Vulnerable Person Registry? _____

Provide Details: _____

Hearing aids or difficulties? Y/N _____ Wear glasses or contacts? Y/N _____

Dentures: Upper/ Lower / None _____

Mobility: (select any that are relevant): Uses cane/ Uses wheelchair/ Uses walker/ Uses scooter _____

Other (please describe): _____

Risk factors (select any relevant factors): Self-Harm/ Confused/ Frustrated/ Depressed _____

Other (please describe): _____

Consumes tobacco? Y/N _____ Frequency: _____

Consumes cannabis? Y/N _____ Frequency: _____

Other substances consumed (e.g. alcohol) Y/N _____ Frequency: _____



Medical conditions and history:

(Select any that are relevant or add in other known conditions)

Disabilities:

Cognitive Impairments:

Heart attack - date:

Stroke - date:

Congestive heart failure/ Diabetes/ Pacemaker/ Asthma/ Irregular Heartbeat

Seizures/ High blood pressure/ Chronic obstructive pulmonary disease (COPD)

Mental health illness and related behaviors

Insulin Dependent Diabetes

Cancer:

diagnosis date:

Currently having chemotherapy/ radiation/ In Remission? Other:

Surgeries or procedures in the last five years? If so, please list:

Allergies - please list all allergies, including any food sensitivities:



Medications:

Please list or staple medication print out from pharmacy to this

Current Prescription Drugs (prescribed by a licensed physician or nurse practitioner)	Current Non-Prescription Drugs/ Supplements (e.g., over the counter pain relief, vitamins, herbs, dietary supplements, other)
Name and Dosage	Name and Dosage
Results of not taking medications:	



Personality and lifestyle

Personality	Please describe
Habits	
Spiritual and cultural needs	
Favourite possessions, including any pets	
Favourite/significant places	
Things that could cause me stress	
Best way to help keep me calm	
Best way to communicate with me	



Person who knows me best is: Family member/ Friend/ Other:

Name: _____ Phone #: _____

Email: _____

Are there any next of kin? other than POA?

If yes, please list:

Name: _____ Phone #: _____

Email: _____

Name: _____ Phone #: _____

Email: _____

Name: _____ Phone #: _____

Email: _____

Name: _____ Phone #: _____

Email: _____

Typical mode(s) of travel (select all that apply):

_____ Driving / Walking/ Cycling/ Public Transit / Other:

If a driver - please complete:

License plate #: _____ Vehicle colour: _____

Vehicle make and model: _____



Appearance and physical description

Height:

Weight:

Shoe size:

Eye colour:

Hair colour:

Hair style (e.g. curly, straight, bangs, etc.):

Facial hair (describe the style if applicable):

Complexion:

Dominant hand:

Distinguishing features - please describe (e.g. Scars, tattoos, speaks with stutter, etc.):

Date you completed this form:

Current photo





**Place this form in a clear plastic bag for emergencies,
consider posting to the fridge or back of front door.
Be sure to make one more copy for safe keeping.**

NOTE: This document was adapted by the Ontario Caregiver Organization, 2022 with permission from the Alzheimer Society of Ontario 2021.

Adapted from The Finding Your Way Identification Form, Alzheimer Society of Ontario, 2019.