EMERGENCY PREPAREDNESS FORM

# MEDICAL INFORMATION AND EMERGENCY HEALTH CARE PLAN

**This MEDICAL INFORMATION AND EMERGENCY HEALTH CARE PLAN is intended to communicate pertinent medical information and how an emergency responder or other person could assist you in case of an emergency or natural disaster. This form should be completed in conjunction with the MEDICAL EMERGENCY WALLET CARD. You should keep this form with a copy of your MEDICAL EMERGENCY WALLET CARD on you at all times and keep an extra copy of both of these items in your GO BAG. You should update this form every six months or when there is a change in your health status/condition(s).**

Date of last review and update of this form:
_____/_____

## PERSONAL DATA

**Name:** _____ **Address:** _____

**Date of Birth:** _____ _____

**Phone Number:** _____ _____

## EMERGENCY CONTACT

**Name:** _____

Phone Number: _____

Relationship: _____

## MEDICAL/HEALTH HISTORY

**(Check all that apply)**

- ❍ Allergies
- ❍ Arthritis
- ❍ Asthma
- ❍ Bladder/bowel issues
- ❍ Cancer
- ❍ Diabetes
- ❍ Dizziness
- ❍ Easy bleeding/bruising
- ❍ Fevers
- ❍ Fainting/periods of unconsciousness
- ❍ Hearing loss
- ❍ Heart disease
- ❍ Heartburn/acid reflux
- ❍ High blood pressure
- ❍ High cholesterol
- ❍ Kidney disease
- ❍ Lung disease
- ❍ Migraines
- ❍ Muscle aches
- ❍ Rash
- ❍ Seizures
- ❍ Shortness of breath
- ❍ Stomach problems
- ❍ Urinary issues
- ❍ Visual impairment
- ❍ Other (specify): _____

**List any medical conditions that you are currently treating or have been treated for in the past (stroke, heart attack, etc.):** _____

***See my* MEDICAL EMERGENCY WALLET CARD *for the following information: doctor's name, phone number, and preferred hospital; list of allergies; and list of medications.***

## INFORMATION ABOUT MY MEDICAL EQUIPMENT AND DEVICES

**(Examples: pacemaker, insulin pump, ventilator, CPAP, oxygen, baclofen pump, vagal nerve stimulator, prosthetics, assistive technology)**

Device type: _____ Device type: _____ Device type: _____

Doctor: _____ Doctor: _____ Doctor: _____

Directions for use: _____ Directions for use: _____ Directions for use: _____

*(continued on back)*

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## DAILY LIVING AND MOBILITY SKILLS

**Level of independence (check one):**

- ❍ **Independent**—I can complete all daily living activities on my own.
- ❍ **Stand-by assistance**—I need assistance related to mobility tasks and some daily living activities.
- ❍ **Partial assistance**—I need assistance with some daily living activities.
- ❍ **Total assistance**—I need assistance with all daily living activities.

**Mobility (check one):**

- ❍ **Ambulatory**
- ❍ **Bed-ridden**
- ❍ **Wheelchair or scooter**
- ❍ **Completely immobile**

**Sensory Impairments (check all that apply):**

- ❍ **Vision**
- ❍ **Speech**
- ❍ **Hearing**
- ❍ **Cognitive**

**Communication (check all that apply):**

- ❍ I can communicate using **my voice (words)**.
- ❍ I can communicate using **sign language**.
- ❍ I can communicate using a **communication board**.
- ❍ I can **read lips**.
- ❍ I need an **interpreter** for (specify language): _____
- ❍ I use a **hearing aid** and/or **hearing loop**.
- ❍ I use a **tablet** or **iPad**.
- ❍ I use a **switch device** for communication.

**Other important issues, comments, or instructions:** _____

_____

_____

_____

## PREFERENCES AND CONSIDERATIONS

**Preferred method of transport in non-emergency situations:**

**Possible method(s) of transport in an emergency:**

**Special training needed for working with me:** *(e.g. "I have a ventilator and need a person trained to maintain a ventilator.")*

**Special instructions for first responders and caregivers:** *(e.g. triggers, signs/symptoms, interventions)*

**Considerations if I fail to respond to medical treatment:** *(e.g. "Consider medications I have prescribed for 'as needed' situations.")*

**Considerations regarding my personal preferences:** *(e.g. "My body temperature runs lower, so please keep a blanket and hat on me at all times.")*

This Medical Information form is part of the Wisconsin Council on Physical Disabilities **Be Prepared, Have a Plan: Emergency Preparedness Toolkit**, made possible by the FEMA 2012 Community Resilience Innovation Challenge grant and by the Wisconsin Division of Public Health Emergency Preparedness (PHEP) program.