EMERGENCY PREPAREDNESS TOOLKIT

MEDICAL EMERGENCY WALLET CARD FOR:

NAME: _____

DATE OF LAST UPDATE: _____/_____

Complete both sides of this card using a pencil. Update the information every six months. Keep the card with you at all times (in your wallet or purse). Keep an extra copy in your GO BAG.

PERSONAL DATA

Name: _____

Address: _____

_____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Date of Birth: _____ Blood Type: _____

Religion: _____

Physical Disability/Mobility Impairment Specific Needs:

❍ I have a physical disability (identify): _____

❍ I need a patient lift to transfer
❍ I use assistive technology
❍ I use a cane, walker or crutches
❍ I need help with medications
❍ I need a personal care attendant
❍ I use a manual wheelchair
❍ I use a scooter/power wheelchair
❍ I need my communication device

❍ I am Deaf
❍ I am hard-of-hearing
❍ I can read lips
❍ I need a sign language interpreter
❍ I am claustrophobic
❍ I am a wanderer
❍ I have memory problems
❍ I have allergies
❍ I need my EpiPen
❍ I am blind
❍ I am visually impaired
❍ I can read braille
❍ I need glasses
❍ I am sensitive to EMFs
❍ I have chemical sensitivities/MCS
❍ I have breathing problems
❍ I need my inhaler
❍ I aspirate/choke

MEDICAL DATA

Doctor's Name: _____

Doctor's Phone: _____

Preferred Hospital: _____

_____

Location(s) of Health Care Power of Attorney and/or Living Will : _____

_____

What is a Health Care Power of Attorney? This is a legal document that allows someone you choose to make decisions about your medical care if you are not able to. This choice is made before you get sick so you can pick someone you trust.

What is a living will? This is a legal document that you can use to explain what you want and don't want. It explains what type of medical treatment and life-saving measures you want or don't want.

Visit **www.dhs.wisconsin.gov/forms/advdirectives** for more information.

MEDICAL INSURANCE

Medical Insurance Company: _____

Policy Number: _____

Phone: _____

Other Medical Insurance: _____

Policy Number: _____

Phone: _____

Medicaid Number: _____

Medicare Number: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Phone: _____

Out-of-town Contact Name: _____

Phone: _____

Durable Medical Equipment Provider: _____

Phone: _____

Meeting Place: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

MEDICATIONS

Medications	Dosage	Frequency	Time(s)

Pharmacy: _____

Phone: _____

MEDICAL CONDITIONS

List any medical conditions: _____

_____

_____

Allergies: _____

_____

_____

Recent surgeries and dates: _____

_____

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