



EMERGENCY MEDICAL INFORMATION

Last updated: _____

C- _____

PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Health card number: _____ Version Code: _____
Street address: _____
City: _____ Province: _____
Postal Code: _____ Phone number: _____

EMERGENCY CONTACT #1 (POA) EMERGENCY CONTACT #2 (POA)

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Phone number: _____ Phone Number: _____

PRIMARY CARE PROVIDER (Family doctor or Nurse Practitioner)

Name: _____ Phone number: _____

DO NOT RESUSCITATE FORM (DNR)

Do you have a DNR in place?

No Yes Number: _____ A copy is included

ALLERGIES

List any allergies

IN-HOME SUPPORT SERVICES

Do you have any Home and Community Care Support Services or other private services in place? Please list below.

- Ontario Health at Home
- NESGC
- Alzheimer's Society
- BSO/Senior's Mental Health

Provider	Service	Contact Name	Number

