

Emmanuel Home

800 Priestley Ave.

Northumberland, PA 17857

Phone # 570-473-0500, FAX 570-473-7511

EMERGENCY MEDICAL INFORMATION

(To accompany Resident) Updated: 2/4/2011 E7

Name:

Birthdate: Age: SSN:

Date of Admission: Marital Status: Male: Female:

LANGUAGE SPOKEN: ENGLISH Room: Phone#

Allergies:

Diagnosis:

Insurance Information:

Medicare ID Number:

Race: Religion: Identifying Marks:

Eye Color: Hair Color: Height:

Funeral Home:

**Person(s) to be contacted in an emergency, illness, death,
injury, and relocation or termination of services:**

Name(1) Telephone:

Address: City: State: PA Zip:

Name(2) Telephone:

Address: City: State: PA Zip:

Hospital of choice:

Health Care Providers:

1

2

3. Other:



TO BE COMPLETED AT TIME OF EMERGENCY OR TRANSFER

Age: _____ Medical Complaint and/or problem:

Transportation Arrangements: _____

Transported to: _

Personal Care Staff Signature: _____ Date: _____

Termination and/or Relocation:

Date: _____ Reason for Termination:

Change of Address:

Attachments:

1. Copy of: Current List of Medications including allergies
2. Copy of: Power of Attorney
3. Copy of: Living Will
4. Copy of: Advance Directives, do not resuscitate orders or organ donation - NONE
5. Copy of: Insurance information