**This form was developed by C-K partner agencies to assist people who may present to the ED in a Crisis Situation (2016)**

# Important Information About Me for the Emergency Department

## If you are a medical professional that will be helping me, please read this information

Name: ________________________________ D.O.B. (YY/MM/DD) ____________________

Address: ______________________________ Health card #: _________________________

______________________________________ Emergency Contact______________________

Phone #: _____________________________ Phone #: ______________________________

Sub. Decision Maker: yes _____ no _____

Lives with: Family ☐ Group Home ☐
Foster Home ☐ Independent ☐ Other ☐

Name/Relationship ______________________

Phone #: ______________________________

Primary Service Agency: _______________________________________________________

Worker's Name: ___________________________ Phone #: ________________

Other Agencies that help me:_____________________________________________________

Family Doctor: __________________________________ Phone #: __________________________

Psychiatrist: ___________________________________ Phone #:__________________________

Known Allergies: ____________________________________________________________________

____________________________________________________________________

Known Diagnosis: (Medical &/or Psychiatric) _________________________________________________

______________________________________________________________________________

______________________________________________________________________________

**Assistive Devices:** (ie. hearing aids, glasses, communication aids, dentures, mobility aids)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

## MEDICATIONS

**REMINDER -- bring ALL YOUR MEDICATIONS with you when you go to the hospital!**

Pharmacy/Drug Store:_______________________________ Phone #: _________________________

## To help you understand me better:

Risks Factors:

These are things that upset me/ things I don't like?

How you can tell I am upset:

These are things that help me calm down:

These are things that make me feel safe:

Other important information: