

Emergency one-pagerAccess: ☐ Shelf ☐ Drawer ☐ Envelope**Full name** _____ **Date of birth** _____**Address** _____ **Phone** _____**Emergency contact 1 (name, relation, phone)** _____**Emergency contact 2 (name, relation, phone)** _____**Doctor or clinic (name, phone)** _____**Pharmacy (name, phone)** _____**Preferred hospital** _____ **Health insurer, and where the card is kept** _____**Allergies and conditions, as told by a doctor** *write exactly what was said*

Medicines: see sheet 3.1. Where the list and the pill bottles are kept

Who has a key / how to get in _____ **Pets and who feeds them** _____**Where the binder is kept** _____ **Date this page was last checked** _____**Anything a stranger helping me should know (hearing, glasses, language, walking aid, fears)**

Openers that tend to work

- ## Things that help

- ## Things to avoid

- Notes from our conversation (date, what was agreed, what is for next time)**

[illegible]

STAND-IN BINDER | 1.4

Wallet cards (cut out)

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Cut along the dashed lines and keep one card in a wallet or handbag. Write in pencil or pen. Replace when anything changes.

IN AN EMERGENCY, CALL Name Phone My name Allergies (as told by a doctor) Medicines list is at	IN AN EMERGENCY, CALL Name Phone My name Allergies (as told by a doctor) Medicines list is at
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