

ELDER EMERGENCY INFORMATION

Full name: _____

Full address: _____

Phone #: (____) _____ Date of Birth: _____

Soc. Sec. #: _____ State of Birth: _____

Driver's License #: _____ State issued: _____

Make of Auto/Model/License number: _____

Medicare Policy number: _____

Allergies: _____ Blood type: _____

Current Meds (drug name and purpose): _____

Doctor's name: _____ Phone number: (____) _____

Dentist's name: _____ Phone number: (____) _____

Hospital preference: _____ Phone number: (____) _____

Bank: _____ Address: _____

Account numbers: Savings - _____

Checking - _____

Attorney name: _____ Phone number: (____) _____

Where "WILL" is located: _____

"DIRECTIVE": _____

Notes: