

EMERGENCY & OTHER CONTACT INFORMATION

Client/Employer's Name: _____

Address: _____

___ House ___ Apartment ___ Upstairs ___ Downstairs ___ Other: _____

Directions: _____

Telephone Number: _____ Other: _____

Allergies: _____

EMERGENCY: 911

Police, EMS/Ambulance, Fire Department

Abuse/Neglect/Exploitation: 1-800-252-5400

Physician: _____ Hospital: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

PHYSICIAN: _____ PHARMACY: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

FAMILY, FRIENDS, NEIGHBORS

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: (Home) _____ Phone: (Home) _____

(Work) _____ (Other) _____ (Work) _____ (Other) _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: (Home) _____ Phone: (Home) _____

(Work) _____ (Other) _____ (Work) _____

(Other) _____

OTHER CONTACTS:

DHS Caseworker: _____ Address: _____

Telephone: _____

VFI Agency: _____

Contact Name: _____ Address: _____

Telephone: _____ Fax #: _____

HCSS or Provider Agency: _____

Contact Name: _____ Address: _____

Telephone: _____