

HIGHGATE

SENIOR LIVING



Emergency Medical Information Worksheet

Do you know which medications your mom is on or the results of your dad's latest lab tests? With so many details involved in caregiving, it can be hard to remember everything, but it's important to keep certain medical information readily available in case of emergencies. This Emergency Medical Information Worksheet is intended to help you keep track of your loved one's medical information so it can be shared with paramedics, emergency room staff, and urgent care clinicians if they develop a need for urgent medical care.

Getting Started

Having the right information on hand can significantly decrease stress when an emergency occurs. It can also ensure your loved one gets the help they need as quickly as possible. When you have all of your loved one's medical information in one place, it's easier to be prepared — no matter what happens.

In addition to helping first responders care for your loved one in the case of an emergency, this Emergency Medical Information Worksheet can also make it easier to:

- [Make sure a doctor has the latest important information](#)¹, whether at a regularly scheduled appointment or in the emergency department
- Change doctors or get a second opinion
- Better understand the specifics of your loved one's medical conditions
- Participate in monitoring and managing their health care
- Double-check things and [ask the doctor if you have any questions](#)²
- Protect your loved one's medical treatment wishes

¹ <https://blog.highgateseniorliving.com/3-steps-for-a-successful-doctors-visit-with-your-aging-loved-one>

² <https://blog.highgateseniorliving.com/5-tips-for-communicating-with-your-parents-doctor>

If your parent doesn't have a [living will](#)³ or hasn't named a [durable medical power of attorney](#)⁴, [talk to them about why it's crucial](#)⁵ they have those legal documents in place. If your loved one is struggling with memory loss, it's especially important to take steps early to [protect their medical treatment wishes](#)⁶ before they are unable to make those decisions on their own.

Using the Information Worksheet

The Emergency Medical Information Worksheet can help you organize your loved one's most important medical details. It should be given to paramedics responding to 911 calls and brought along to walk-ins at the emergency room or urgent care clinic.

There are numerous blank spaces provided so you can personalize your list. For example, if your loved one is allergic to any medications, additives, preservatives, or materials like latex or adhesives, be sure to include a list of these things and the severity of their reaction.

Once completed, provide copies to other family members so you can all be prepared no matter what happens. Also, print a copy and place it — along with your loved one's living will and durable medical power of attorney (POA) forms — in a clear plastic bag or an envelope labeled "Emergency Medical Information." Secure the bag or the envelope to the refrigerator door or inside the front door and remember to update the worksheet as needed.

3 <https://blog.highgateseniorliving.com/two-must-have-powers-of-attorney-for-seniors>

4 <https://blog.highgateseniorliving.com/two-must-have-powers-of-attorney-for-seniors>

5 <https://blog.highgateseniorliving.com/should-you-talk-to-your-parents-about-considering-a-power-of-attorney>

6 <https://blog.highgateseniorliving.com/four-legal-documents-to-prepare-for-your-loved-one-with-long-term-memory-loss>

Making Sure Your Affairs Are in Order

- ❑ Ensure your loved one has a living will and a medical POA.
- ❑ Complete the [Legal & Financial Document Locator](https://info.highgateseniorliving.com/legal-and-financial-document-locator-checklist)⁷.
- ❑ Fill out Emergency Medical Information Worksheet.
- ❑ Provide copies to a few trusted family members.
- ❑ Keep a copy of the Emergency Medical Information Worksheet where first responders can easily find it, such as inside the front door, on the refrigerator, inside the cabinet door where medications are stored, and inside the glove box.
- ❑ Check after each doctor visit to see if there is anything new to add.

⁷ <https://info.highgateseniorliving.com/legal-and-financial-document-locator-checklist>

Emergency Medical Information Worksheet

___/___/___ ___/___/___
___/___/___ ___/___/___
___/___/___ ___/___/___

Personal Information

Full legal name _____ Nickname _____

Legal residence _____

Phone _____ Cell _____

Date of birth _____ Sex _____

Primary language _____

Notes:

Legal Documents

Attach a copy and instructions on where to access originals.

Do you have a living will? ☐Y ☐N

Do you have a medical power of attorney? ☐Y ☐N

Do you have a do-not resuscitate (DNR) order? ☐Y ☐N

Emergency Contacts

Use the space below to write down how to reach your loved one's emergency contacts.

Medical POA _____

Address _____ Phone _____

Name _____ **Relationship** _____

Address _____ Phone _____

Name _____ **Relationship** _____

Address _____ Phone _____

Name _____ **Relationship** _____

Address _____ Phone _____

Primary Physician _____

Address _____ Phone _____

Secondary Physician _____

Address _____ Phone _____

Preferred Hospital _____

Address _____ Phone _____

Notes:

Health and Medical Insurance

Include copies of all up-to-date insurance cards. This information can help ensure your loved one's medical care is billed correctly from the start, even if their original cards are left behind in the rush to the hospital or clinic.

| | Provider | Insurance ID/ Policy Number | Contact |
|------------------------------|----------|--------------------------------|---------|
| Primary insurance | | | |
| Secondary insurance | | | |
| Medicare number | | | |
| Medicare supplement | | | |
| Medicare Advantage plan | | | |
| Medicare Part D drug plan | | | |

| | Provider | Insurance ID/ Policy Number | Contact |
|-----------------------------|----------|--------------------------------|---------|
| Medi-Cal number | | | |
| Long-term care insurance | | | |
| | | | |
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[illegible]

Medical Conditions and Disabilities

Use this section to keep track of your loved one's health history, including ailments, symptoms, and other medical information. Include seasonal, food, and medication allergies as well as conditions, such as heart problems, diabetes, arthritis, and macular degeneration. Doctors use this information when prescribing drugs or preparing treatment plans. It can alert them to any complications that might exist based on previous conditions or medications. Update this list any time anything changes.

Height_____ Weight_____ Blood Type_____

Dietary Restrictions_____

Prior transfusion reaction (describe) _____

Needs: ☐ Glasses ☐ Dentures ☐ Hearing aid ☐ Oxygen ☐ Cane/Walker

| Allergy/Condition | Signs/Symptoms | Medication (see Medication Tracker for dosages) | Emergency Treatments or Other Important Information |
|-------------------|----------------|---|---|
| | | | |
| | | | |
| | | | |

| Allergy/Condition | Signs/Symptoms | Medication (see Medication Tracker for dosages) | Emergency Treatments or Other Important Information |
|-------------------|----------------|---|---|
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[illegible]

| I have had these injuries/illnesses... | Date |
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[illegible]

| I have had these surgeries... | Date |
|-------------------------------|------|
| | |
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| | |

[illegible]

| I was in the hospital for... | Date |
|------------------------------|------|
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[illegible]

Medications Tracker

Keep track of all your loved one's medications, including over-the-counter drugs, vitamins, herbal products, and other supplements. Show this tracker to doctors and dentists so they can watch for interactions and side effects. Update the Medications Tracker any time prescriptions change.

Preferred Pharmacy _____ Phone _____

Address _____

| Medication (brand and generic) | Description (e.g., white, oval) | Reason for Taking | Dose (e.g., 10 mg) | Dose Instruction (e.g., 3x/day with food) | Prescribed By | Start/End Dates |
|-----------------------------------|------------------------------------|-------------------|-----------------------|--|---------------|-----------------|
| | | | | | | |
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| | | | | | | |

| Medication (brand and generic) | Description (e.g., white, oval) | Reason for Taking | Dose (e.g., 10 mg) | Dose Instruction (e.g., 3x/day with food) | Prescribed By | Start/End Dates |
|-----------------------------------|------------------------------------|-------------------|-----------------------|--|---------------|-----------------|
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[illegible]

Medical Log

Keep a log of appointments and test results that you can refer to as your loved one's health and medical needs change. Include copies of their most recent laboratory tests.

| Date | Symptom/ Issue | Clinic/Doctor Seen | Notes/Tests/ Procedures | Instructions |
|------|----------------|--------------------|-------------------------|--------------|
| | | | | |
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| | | | | |
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| Date | Symptom/ Issue | Clinic/Doctor Seen | Notes/Tests/ Procedures | Instructions |
|------|----------------|--------------------|-------------------------|--------------|
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[illegible]

Medical Contacts

Use the space below to write down how to reach your loved one's important medical contacts.

Primary Physician _____

Address _____ Phone _____

Physician _____ Specialty _____

Address _____ Phone _____

Physician _____ Specialty _____

Address _____ Phone _____

Physician _____ Specialty _____

Address _____ Phone _____

Dentist _____

Address _____ Phone _____

Optometrist _____

Address _____ Phone _____

Ophthalmologist _____

Address _____ Phone _____

Physical therapist _____

Address _____ Phone _____

Occupational therapist _____

Address _____ Phone _____

Other health care or home care providers _____

Address _____ Phone _____

Other health care or home care providers _____

Address _____ Phone _____

Other health care or home care providers _____

Address _____ Phone _____

[illegible]

Keeping track of a loved one's medical information can be stressful. By organizing their most important medical details in one place, you and your loved one won't have to scramble to find it or remember it during a crisis. Once you have filled out the worksheet, keep a copy in a prominent location and make it easily identifiable. Remember to update it regularly.



This guide is brought to you by Highgate Senior Living, an industry-leading assisted living and memory care provider offering a holistic approach to care. Pioneering change in the senior living industry, Highgate is committed to creating a unique and desirable living option where each resident can live a life of purpose.

Visit our website at www.highgateseniorliving.com to learn more.

Highgate Senior Living. Each Day to the Fullest.

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