

Emergency Communication 4 ALLLetter/Word Communication Aid

FREE SPACE *(for your custom message)*

A	B	C	D	E
F	G	H	I	J
K	L	M	N	O
P	Q	R	S	T
U	V	W	X	Y
Z	?	.	!!	SPACE

MY NAME IS...

I can't speak but I can hear and understand you.

WAIT.
Please be patient.

Oops!

Help

Bathroom

Hungry

Afraid

Sick

I need/
want

I can't

Ask me questions if you need to, but please wait patiently for my replies.

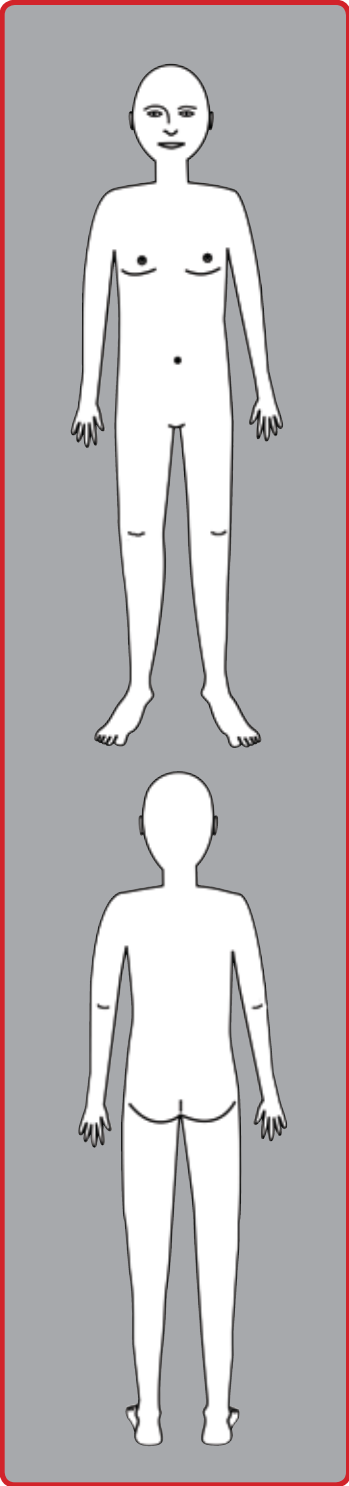
I will point to where I hurt. 

My vital information is on the back of this page.

My technology needs to be charged.

Please contact my family.

0	1	2	3
4	5	6	7
YES	8	9	NO



PERSONAL INFORMATION

1. NAME _____

DOB _____

Address _____

Cell Phone _____

Home Phone _____

Email _____

2. EMERGENCY CONTACT

Name _____

Address _____

Cell Phone _____

Home Phone _____

Relation _____

3. 2ND EMERGENCY CONTACT

Name _____

Address _____

Cell Phone _____

Home Phone _____

Relation _____

4. DOCTOR

Name _____

Address _____

Phone _____

5. HEALTH INSURANCE

Private Medicare Medicaid Other _____

Policy Number _____

Date Issued _____

6. PRESCRIPTION MEDICATIONS

Name & Dosage _____

Name & Dosage _____

Name & Dosage _____

Name & Dosage _____

Name & Dosage _____

7. OVER THE COUNTER DRUGS

1) _____

2) _____

8. PHARMACY NAME _____

Contact Person _____

Phone _____

9. ALLERGIES [complete list] _____

10. RELEVANT MEDICAL HISTORY [brief] _____

11. SUPPORT AGENCY [if applicable] _____

12. MEDICAL EQUIPMENT/TECHNOLOGY SUPPLIER

13. EQUIPMENT/SUPPORT NEEDED FOR INDEPENDENCE

Personal Assistance Services

Name _____

Phone _____

Allotted Hours _____

Mobility/Transferring _____

Communication _____

Hygiene/Toileting /Vision _____

Telephone Use _____

Finances/Writing _____

Cooking _____

Eating and Diet _____

Transportation _____

Service Animals _____

