EMERGENCY & QUICK REFERENCE

Keep this page at the very front of the binder

Grab-and-go information for a new provider, an ER visit, or anyone helping in an emergency.

IN CASE OF EMERGENCY			
Full Name:		**Date of Birth:**	
Blood Type:		**Health Card #:**	
Emergency Contact 1:		**Phone:**	
Emergency Contact 2:		**Phone:**	
Primary Care Doctor:		**Phone:**	
Preferred Hospital:			

ALLERGIES & CRITICAL WARNINGS	
Drug Allergies:	
Food / Other Allergies:	
Reaction / Severity:	

CURRENT DIAGNOSES

IMPLANTS / DEVICES

ADVANCE DIRECTIVE / POWER OF ATTORNEY			
On File?	☐ Yes ☐ No	**Location of Document:**	
Substitute Decision Maker:		**Phone:**	