



## Individual Emergency Plan

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Advance Directives:  Yes  No

List of Medications:  Yes, Copy attached  No Allergies: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Relationship To Patient: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship To Patient: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name(s) \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Caregiver: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) With POA (If any): \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of a tornado the person will take shelter in: \_\_\_\_\_

The patient can reach this shelter independently:  Yes  No If evacuated, the patient prefers to:  Stay home  go to shelter

Other: \_\_\_\_\_

Mobility level (wheelchair, bedbound, etc.): \_\_\_\_\_

Special accommodations needed: \_\_\_\_\_

Medical supplies used: \_\_\_\_\_

Special equipment needed: \_\_\_\_\_

Transportation needed:  Yes  No

Notes: \_\_\_\_\_

Keep this information in a safe place where you can access it easily. Include your emergency supplies and important paperwork along with this plan. Consider putting important papers and personal items in a plastic bag.