



Allergies: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

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

\_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_

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

\_\_\_\_\_

Pharmacy Phone Number: \_\_\_\_\_

Medical Equipment Needs: \_\_\_\_\_

Medical Equipment Supplier & Phone #: \_\_\_\_\_

Medical Supply Needs: \_\_\_\_\_

Medical Supplies Supplier & Phone #: \_\_\_\_\_

My Diagnosis (Optional): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

I will inform you of any changes to the foregoing information.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Disaster Priority Level (check one): Low**\_\_\_\_ **Moderate**\_\_\_\_ **High**\_\_\_\_

To report abuse, neglect, or exploitation, please call toll free 1-800-962-2873 Abuse Hotline.

To report Suspected Medicaid Fraud, call toll-free 1-888-419-3456.

To report a complaint regarding the services you receive, please call toll free 1-888-419-3456.

**Poison Control Phone #: 1-800-222-1222**