1ST NURSE REGISTRY

2215 N. Military Trail, Suite O, West Palm Beach, FL 33409 Phone: 561-948-2010 Fax: 561-948-2012 Office@1stNurseRegistry.com

Emergency Medical Information Sheet

(To be completed by the Client or their Representative)

Client Name:

MEDICATION	DOSA	GE ROUTE	FREQUENCY

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:	
	:=====
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 he services you receive, please call toll free 1-888-419-3456.	

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