RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
EMERGENCY INFORMATION (update annually or as changes occur**)**

NAME **SS#**

ADDRESS: **DATE OF BIRTH:_____**
_____

PHONE (Home): **_____** **(Work):_____**

EMERGENCY CONTACT NAME: _____
RELATIONSHIP:_____
(Must be parent or guardian if under 18 or legally authorized representative, if applicable)
ADDRESS:_____
PHONE:_____

INSURANCE COMPANY **POLICY#**

PSYCHIATRIST:_____ **PHONE:_____**
ADDRESS:

MEDICAL DOCTOR:_____ **PHONE:_____**
ADDRESS: **PREFERRED HOSPITAL:**

MEDICATIONS (attach additional paper if necessary) **REASON** **DOSAGE**

MEDICAL PROBLEMS/CONCERNS:

SIGNIFICANT COMMUNICATION ISSUES? (If yes, please briefly describe)

FALLS RISK ASSESSMENT (Check each one that applies.)
__History of Falls __Weakness/Drowsiness __ Confusion/Disorientation
__Impaired Memory/Judgment __ Ambulatory Devices Used __ Dizziness/Imbalance/Unsteady Gait
__ Intoxicated/Withdrawing from drugs/alcohol __ Impaired Vision __ Not Applicable (eg. Infants)
RISK OF FALLING? ___NO ___YES (A Falls Prevention Plan must be included in the ISP *if* History of Falls *or* if 4 of the 7 other conditions apply.)

ALLERGIES: ___NO ___YES (If yes, please specify…please include medication allergies**)**

SUBSTANCE ABUSE HISTORY(Brief report**)**

DO YOU HAVE A MEDICAL ADVANCE DIRECTIVE? ___ NO ___ YES (If yes, please provide a copy)

DO YOU HAVE A PSYCHIATRIC ADVANCE DIRECTIVE? ___ NO ___ YES (if yes, please provide a copy)

PERMISSION FOR EMERGENCY CARE & TRANSPORTATION

Rappahannock Area Community Services Board or its representative has my permission, in an emergency, to take whatever measures necessary to include:

1. **Contacting my family physician**
2. **Transporting me (or having me transported via rescue squad) to a hospital or other medical facility for obtaining emergency treatment**
3. **Obtaining emergency medical treatment for me as deemed necessary by the attending physician**
4. **Contacting emergency contact**

_____ _____ _____
Consumer signature **Witness signature** **Date**
(Must be signed by parent/guardian if under 18 or legally authorized representative, if applicable)

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