



Exceptional Needs Information Form

Purpose: During an emergency, it may be difficult to provide critical patient information to EMS and the ER. The purpose of this form is to optimize patient care by providing rapid and accurate patient information.

Directions: Patient information needs to be updated as medications or the patient's condition changes. This form should be available for easy access and provided to the paramedics in the event of an emergency. It is also a good idea to include this form in your emergency evacuation plan.

Preparedness allows you to navigate life's challenges.

Date Form Completed: _____

Patient/Dependent Name: _____ Phone: _____

Street Address: _____

Directions to Residence: _____

Age: _____ Gender: **M** **F** (circle one) Weight: _____

Patient Physician: _____ Phone: _____

Relative/Caregiver Name: _____ Phone: _____

Medical History: (circle Y for Yes or N for No)

- | | | | |
|-------------------------|----------------------------|---------------------|--------------------------|
| Y N Seizures | Y N High blood pressure | Y N Emphysema | Y N Speech impediments |
| Y N Heart attack | Y N Stroke | Y N Chronic illness | Y N Cognitive impairment |
| Y N Pacemaker | Y N Internal defibrillator | Y N Bronchitis | Y N Hearing impairment |
| Y N Angina | Y N Diabetes | Y N Alzheimer's | Y N Vision impairment |
| Y N Heart failure (CHF) | Y N Dialysis | Y N Pneumonia | Y N PTSD |
| Y N Rapid heart rate | Y N Asthma | Y N Autism | |

Y N Other medical conditions (specify): _____

Y N Cancer (specify): _____

Y N Aneurysm (specify): _____

Y N Surgeries (specify): _____

Y N Are you on oxygen (specify): _____

Y N Are you able to ambulate, assisted by wheel chair, or bed confined? _____

Y N Do you live alone or have assistance in the home? _____

Y N Do you use medical equipment in the home? _____

Y N Do you need an interpreter? _____

Y N Do you use a service dog? _____

Current diagnosis, if any? _____

Medicines & Dosages (please list or attach photos of labels): _____

Allergies:

Y N Drug allergies (specify): _____

Y N Insect allergies: _____

Y N Food/Other allergies: _____

Comments (Any other information that you feel would be important for medical care or disaster evacuation & sheltering): _____
