

**I AM:** Firstname Lastname, XXXX Anystreet Ct, Citycitycity ST 12345-1234, HPh: nnn-xxx-xxxx CPh: nnn-xxx-xxxx WPh: nnn-xxx-xxxx YOB 1955.

**LIVE WITH:** [spouse/partner; kids (names & ages); housemates] See PETS.

**ADVANCE CARE DIRECTIVE Contact:** Firstname Lastname H: nnn-xxx-xxxx WC: nnn-xxx-xxxx

**OTHER LOCAL EMERGENCY Contact:** Firstname Lastname, Citycitycity, nnn-xxx-xxxx

**IN STATE Contact:** Firstname Lastname C: nnn-xxx-xxxx (Citycitycity) Firstname Lastname nnn-xxx-xxxx

**OUT-OF-STATE Contact:** Firstname Lastname (ST) nnn-xxx-xxxx; Firstname Lastname (ST) nnn-xxx-xxxx

**MEDS:** Drugname NNNmg/1TID; Drugname NNmg/1-2 HS; Drugname NNNmg/1QID. **CRITICAL OTC:** Drugname NNNmg/1TID; Drugname NNmg/1-2 HS; Drugname NNNmg/1QID.

**DOC & PHARMACY:** Firstname Lastname MD nnn-xxx-xxxx Primary PharmacyName nnn-xxx-xxxx

**BLOOD TYPE / DONOR STATUS:** X+ *Not a suitable donor for blood or organs due* \_\_\_\_\_

**HEALTH INSURANCE:** Medicare Parts A, B, D. I am primary. IP, OP, OV, Rx.

**EYES:** Firstname Lastname OD, nnn-xxx-xxxx, City; Firstname Lastname nnn-xxx-xxxx, City. *Describe glasses type (i.e., bifocals), vision disorder (i.e., nearsighted), eye illness/condition (ie, cataracts, floater, etc.).*

**SPECIAL NEEDS/CONSIDERATIONS:**

**DIET:**

**ALLERGIES:**

**ADVERSE CHEMICAL REACTIONS TO:**

**OTHER HEALTH:**

**PETS: Indoors:** type, name, sex **Indoors/Outdoors:** type, name, sex **Outdoors:** type, name, sex **Contact** Firstname Lastname or Firstname Lastname for information on what to do. **VETS:** Firstname Lastname DVM, XXXX Addressaddressaddress, Citycitycity, nnn-xxx-xxxx; Firstname Lastname DVM, XXXX Addressaddressaddress, Citycitycity, nnn-xxx-xxxx

**AUTO:** license#, YYYY Make Model, VIN#####; InsCo Policy# #####; 1-8nn-xxx-xxxx

**BANKS:** ABCDEFG Bank: c/s 1-8nn-xxx-xxxx; autoteller 1-8nn-xxx-xxxx; HIJKLMNO Bank c/s 1-8nn-xxx-xxxx

**AT&T:** my-phone-#1 my-phone-#2

**City of Santa Rosa:** Water & Sewer, Acct# 1234567890

**DISH NETWORK:** 1234567890 Main: 1-8nn-xxx-xxxx; Account Specialist: 1-8nn-xxx-xxxx

**GARBAGE:** Unicycler, Acct # 1234567890, Santa Rosa Recycling & Collection Services, nnn-xxxx

**GARDENER:** Firstname Lastname, XXXX AddressAddress, Citycitycity CA ZIP, nnn-xxxx

**NETFLIX:** Customer ID: 1234567890

**PG&E:** Acct 1234567890

**PIONEER TELEPHONE:** 1-8nn-xxx-xxxx; Fax: 1-877-xxx-xxxx; info@pioneertelephone.com; Acct# #####

**Sonic.net** 707-xxx-xxx Local sales and billing; nnn-xxx-xxx Support; 1-8nn-xxx-xxxx Toll free sales and billing

**Firstname Lastname – Landlord:** Citycitycity, Home: nnn-xxxx, work: nnn-xxxx

**CELL SERVICE:** 1-1-8nn-xxx-xxxx; My VM: 1-8nn-xxx-xxxx, access codes and #####. Cust# #####; SIM # #####

**Emergency Radio Stations: FM:** KZST 100.1; KBBF 89.1 (Spanish). **AM:** KSRO 1350, KCBS 740

**HAM NETS: Santa Rosa** 145.350 88.5; **SoCo** 146.730 88.5