

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