

Today’s date

**ELDER EMERGENCY INFORMATION CHART**

Elder’s name (first, middle, last)

Elder’s maiden name

Address/Apartment Number

City/State/Zip

Telephone—home

Telephone—work

Telephone—mobile

Date of birth

Place of birth

Driver’s license number and state issued

Auto make, model, and license plate number

Social Security number

Medicaid

Medicare number

Medicare supplement number

Medicare drug plan

Do not resuscitate (DNR) order in effect?

Do not intubate (DNI) order in effect?

Do not hospitalize (DNH) order in effect?

Food allergies

Other allergies

Blood type

Power of attorney for health care

Power of attorney for finances

Current medications

Vaccinations and boosters

Advance directives

Dementia advance directives

Religious preferences