

# ELDER EMERGENCY INFORMATION CHART

Today's Date:

Full Name:

Address:

City/State/Zip:

Telephone (home, work,  
mobile):

Date and place of birth:

Driver's License number and  
state issued:

Auto make, model & license  
plate number:

Social Security number:

Medicare number:

DNR (Do Not Resuscitate)  
order in effect?:

Allergies:

Blood type:

Current medications:

Religious Directives:

Advance Directives:

