

# EMERGENCY INFORMATION

The person is not a criminal. He or she has a mental health condition.

## Your Information:

Name: \_\_\_\_\_

Address assistance should come to: \_\_\_\_\_

## For the individual:

Name and address of hospital the person should be taken to: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## Description:

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Skin: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Other identifying marks such as tattoos or birth marks: \_\_\_\_\_

## Mental health condition:

Current primary diagnosis: \_\_\_\_\_

Secondary diagnosis: \_\_\_\_\_

Medications and whether currently on or off: \_\_\_\_\_

Prior violent behavior: \_\_\_\_\_

Drug use - current or past: \_\_\_\_\_

Details about past delusions or hallucinations: \_\_\_\_\_

Symptom Triggers: \_\_\_\_\_

Suicidal? \_\_\_\_\_ Violent? \_\_\_\_\_

## Personal data

Is the person a danger to self or others? \_\_\_\_\_

Social security number: \_\_\_\_\_

Insurance company and policy number: \_\_\_\_\_

Military/VA status: \_\_\_\_\_

## Personal history

Date of last hospitalization: \_\_\_\_\_

How long? \_\_\_\_\_

Date of last crisis: \_\_\_\_\_

**Emergency contact and relationship**

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's name, phone number, and after-hours phone number:

\_\_\_\_\_

Lawyer's name, phone number, and after-hours phone number:

\_\_\_\_\_

Having the above information available at a minute's notice is imperative to providing the appropriate assistance to your loved one in a crisis. In addition to keeping the information in document form, you should input this information into your phone or tablet in case there is a crisis event away from your residence.