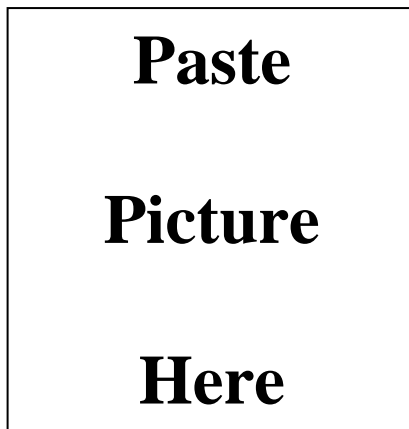


# THE TAKE AND GO EMERGENCY BOOK

For



I communicate by:

- Speaking
- Using sign language
- Using a communication device
- Using gestures

---

**My Name**

---

**Date Prepared**

NAME: \_\_\_\_\_ DATE PREPARED: \_\_\_\_\_

**Personal Information**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

**These are my family members:**

**Contact #s:**

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Spouse: \_\_\_\_\_

Brother(s): \_\_\_\_\_

Sister(s): \_\_\_\_\_

Grandparent(s): \_\_\_\_\_

\_\_\_\_\_

Other Family: \_\_\_\_\_

\_\_\_\_\_

**These are people that are important to me:**

**Contact #s:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**My History:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_ DATE PREPARED: \_\_\_\_\_

**Medical Information**

My legal status is (circle one):      Minor      Interdicted      Competent Major

**Blood Type:** \_\_\_\_\_

**Cautions for Emergency Medical Technicians:** \_\_\_\_\_

My **emergency contact person** is: \_\_\_\_\_

\_\_\_\_\_

My **insurance** is: \_\_\_\_\_

**Medicaid/Medicare #s:** \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_

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

\_\_\_\_\_ Pager: \_\_\_\_\_

Hospital: \_\_\_\_\_

**Secondary Care Physician:** \_\_\_\_\_

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

\_\_\_\_\_ Pager: \_\_\_\_\_

Hospital: \_\_\_\_\_

I use **Durable Medical Equipment:** \_\_\_\_\_

Medical Equipment Brand/Where Purchased: \_\_\_\_\_

I use **Life Support Equipment:** \_\_\_\_\_

Life Support Equipment Brand/Where Purchased: \_\_\_\_\_

I have the following **conditions** and have had these **procedures:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_ DATE PREPARED: \_\_\_\_\_

## Health and Safety

**Medical Conditions:** \_\_\_\_\_

---

---

**Medications:** \_\_\_\_\_

---

---

---

**Pharmacy and Prescription #s:** \_\_\_\_\_

---

---

**Note: Bring Pill Bottles**

**Allergies:** \_\_\_\_\_

---

**Important things** you need to know before you help me: \_\_\_\_\_

---

---

This is the type **diet** (regular, diabetic, salt restricted) that I am on and **how my food is prepared** (regular, chopped, pureed):

---

---

This is **how I eat:** \_\_\_\_\_

---

NAME: \_\_\_\_\_ DATE PREPARED: \_\_\_\_\_

This is **how I drink**: \_\_\_\_\_  
\_\_\_\_\_

This is **how I take my medication**: \_\_\_\_\_  
\_\_\_\_\_

**I do not receive any supports and services; these are the people who know me best:**  
\_\_\_\_\_  
\_\_\_\_\_

These are the **programs that assist me**: \_\_\_\_\_  
\_\_\_\_\_

This is my **Support Coordination Agency**: \_\_\_\_\_

Support Coordinator's Name: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

This is my **Provider Agency**: \_\_\_\_\_

My contact there is: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

This is **where I go to School**: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE PREPARED: \_\_\_\_\_

I have this plan(s) (circle all that you have): IEP                      ITP                      504

Physical Support Plan      Behavioral Support Plan      Nutritional Support Plan

This is **where I Work:** \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

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

Contact Numbers: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_ (For each agency)

Web address and cell phone: \_\_\_\_\_

\_\_\_\_\_

This is **where I Bank:** \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE PREPARED: \_\_\_\_\_

## Likes and Dislikes

**Things that I like** (people, places, things, activities that create excitement, happiness and engagement):

---

---

---

This is **how I show I'm happy**: \_\_\_\_\_

---

---

**Things that I do not like** (people, places, things, and situations that cause upset, anger, sadness, and/or frustration):

---

---

---

This is **how I show my anger**: \_\_\_\_\_

---

If I'm scared, this is how I react: \_\_\_\_\_

---

When I am scared, I need you to: \_\_\_\_\_

---

I **communicate best** when (gesturing, speaking, behaving a certain way, using a communication device, using sign language):

---

---

---

