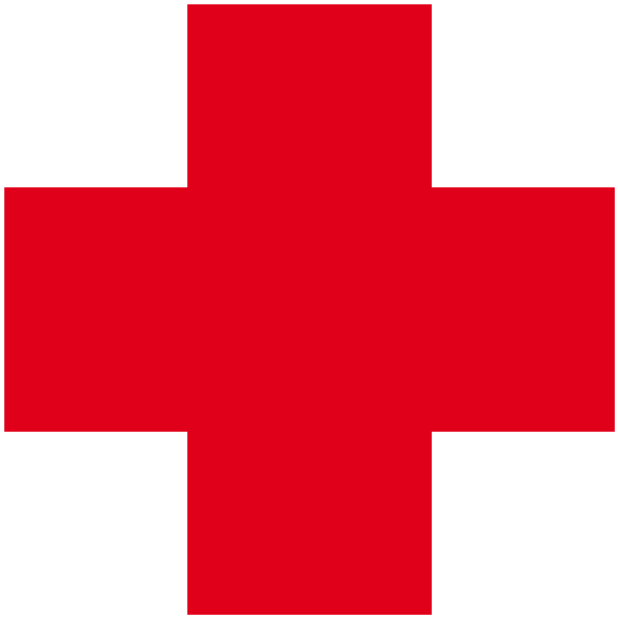
DAVID YORK AGENCY
HOME HEALTHCARE

PATIENT: _____

EMERGENCY MEDICAL INFORMATION



CONFIDENTIAL

PHONE 718-376-7755
DAVID YORK AGENCY

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1416 AVENUE M, SUITE 301

FAX 718-645-6445
BROOKLYN, NY 11230

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Cover page protects confidentiality

DAVID YORK AGENCY
HOME HEALTHCARE

EMERGENCY MEDICAL INFORMATION

CONTACT INFORMATION	EMERGENCY CONTACT INFORMATION
Patient Name	Emergency Name
Address	Relationship
	Primary Phone
Home Phone	Cell Phone
Cell Phone	Email Address
Email Address	Spouse Name
Marital Status	Patient Religion
Date of Birth	Patient Social Security #

DOCTORS	HEALTHCARE PROVIDERS
PRIMARY CARE PHYSICIAN	**OTHER HEALTHCARE PROVIDER**
Name	Name
Phone	Phone
SPECIALIST	**SPECIALIST**
Name	Name
Specialty	Specialty
Phone	Phone
IMPORTANT INFORMATION	
Hospital Used	DNR Order in Place? ☐ Yes ☐ No
	Oxygen Required? ☐ Yes ☐ No

PATIENT: _____

MEDICAL CONDITIONS	MENTAL CONDITIONS

MEDICATIONS	ALLERGIES

SUPPLEMENTS	IMMUNIZATIONS

NOTES:

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