



# AT-HOME EMERGENCY PREPAREDNESS

OFFERED BY WEST SIDE HATZOLOH

DEAR FRIENDS,

WHEN TIME IS OF THE ESSENCE WE ARE THERE FOR YOU.

HOWEVER, WE NEED INFORMATION...AND SOMETIMES YOU CANNOT GET IT TO US.

WE SUGGEST YOU DO THE FOLLOWING:

1. FILL OUT THE PDF FORM AND THEN PRINT IT OUT.
2. GET A CLEAR AND CLEAN COPY OF YOUR LAST 12 LEAD EKG FROM YOUR DOCTOR.
3. GET AN APPROPRIATELY FILLED OUT COPY OF YOUR ADVANCED DIRECTIVES (IF ANY)

PUT THEM ALL IN AN ENVELOPE MARKED "IN CASE OF EMERGENCY" WITH YOUR NAME ON IT.

FINALLY:

PUT IT WHERE IT CAN EASILY BE FOUND (EG, TAPED TO YOUR REFRIGERATOR)!

THIS INFORMATION WILL GIVE US IMPORTANT INFORMATION WE NEED TO HELP US HELP YOU – KEEP IT UPDATED!

VERY TRULY YOURS,

WEST SIDE HATZOLOH

NB: DO NOT SEND US THIS INFORMATION...WE DO NOT KEEP IT ON FILE



131 WEST 86TH STREET, NEW YORK, NY 10024

WWW.WESTSIDEHATZOLOH.ORG

**IN CASE OF EMERGENCY CALL 212-230-1000**

## EMERGENCY INFORMATION

FIRST NAME

LAST NAME

PHONE NUMBER

CELL PHONE

HOME ADDRESS

## EMERGENCY CONTACTS

### CONTACT 1

FULL NAME

PHONE NUMBER

### CONTACT 2

FULL NAME

PHONE NUMBER

PRIMARY PHYSICIAN NAME

PRIMARY PHYSICIAN PHONE NUMBER

PRIMARY HOSPITAL AFFILIATION



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## EMERGENCY MEDICAL INFORMATION

DIAGNOSED MEDICAL CONDITIONS

CURRENT MEDICATIONS

MEDICATION ALLERGIES & REACTIONS

FOOD/OTHER ALLERGIES & REACTIONS

SURGERIES