Emergency Information Form For Children With Special Health Care Needs							
	Today's date			Who is completing this form? You must confirm consent to use this form:			
	Your name			Is this a new form or just an update? Update New			_
	CONSENT REQUIRED -			I (above named person) confirm that parent/guardian consents to the use of this form]
Patient ID	Patient's name	Patient's name					This is a draft document.
tier	Birthdate Primary language	200		Nickname Provide a series of the series of t		_	The password to unlock
Pa	Primary language Contact phones			Parent/guardian Emergency contacts		-	this draft document is: copem
		Care Provider Provider's Name		Specialties All contact phone numbres (E-mail optional)		Fax	1
Facilities & Providers	Primary Care	Trovider	3 Name	Specialities	All contact profic numbres (E mail optional)	I ux	
	Specialist-1						
	Specialist-2 Specialist-3						_
	Specialist-4						-
	Specialist-5						
	Others	(branch, phone, other)					J
			y department (name,	phone, other)		-	
	Anticipated tertiary care center (name, phone, other)						
	Diagnoses/problem list (list all) starting with most important						
Clinical Baseline	Baseline physical fin	ndings					
	Baseline vital signs Baseline neurologic status					_	
		Immunologic competency status				-	
	Synopsis of clinical s						
	Medications (doses, Antibiotic prophylaxi		ose indication)			_	
	Significant baseline	lab/imagir	ng/diagnostic studies				
	Prostheses, appliances, advanced technology devices, life support						
	Allergies: Medications, foods, substances to be avoided and why						
	Advanced directives (include date of last review) Procedures to be avoided and why						
			•	I			
ED Management	Describe common p Problem-1	Describe common presenting problems/findings		Suggested studies	Treatment recommendations	_	
	Problem-2					-	
	Problem-3						
	Problem-4 Problem-5					-	
	Problems-other Problems-other						
	Comments on child, family, or other specific medical issues						
S	DPT dates	, , , , , , , , , , , , , , , , , , ,	•	Varicella status		1	
ion	Dtap dates			Hep B dates			
nmunizations	OPV or IPV dates MMR dates			Hep A dates	cnecify which and if passible	_	
	HiB dates			Meningococcal TB status	specify which one if possible	-	
	Pneumococcal-7			HP virus			
_=	Other			Other			
		check or enter at least two of the most likely disast		ers that could affect th	is patient:		
& Drills	Power failure Hurricane			ads, communication) d	amage		
	Tornado	Shelter structure		damage			
	Earthquake	<u> </u>					
ng	Flood Tsunami			es, equipment compro accident (fallout, melto	mise lown, contamination, detonation, etc.)		
Plai	Avalanche Land/Mud slide			ism, biological epidem	ic/accident, chemical accident, other weather event)		
Disaster Planni	Other (describe) Other (describe)						
	Disaster drills review	ved or pra	cticed with patient. D		oleted drills and planned dates for future drills.		
	Date	Disaster	type	Example drills:	Describe type of drill		
				verbal review paper review			
				table top model			
				computer simulation			
				hand on practice equipment review		-	
				in home review			
				alternate electrical			
	-	-		power electric generator		-	
		L		use			
	-	-				-	
		L					