



# Family Medical Emergency Protocol



**PLANNED FINANCIAL**  
services

Your LIFE. Your MONEY. Your WAY.®

440.740.0130 | www.PlannedFinancial.com

NAME \_\_\_\_\_ DOB \_\_\_\_\_ BLOOD TYPE \_\_\_\_\_ LAST UPDATED \_\_\_\_\_

ADDRESS \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_

### IN THE EVENT OF AN EMERGENCY **DIAL 911**

Police Department non-emergency phone # \_\_\_\_\_

Fire Department non-emergency phone # \_\_\_\_\_

Poison Control non-emergency phone # \_\_\_\_\_

### HOSPITAL/EMERGENCY ROOM

Preferred hospital name/address/phone number \_\_\_\_\_

Emergency Room name/address/phone number \_\_\_\_\_

Urgent Care Facility name/address/phone number \_\_\_\_\_

### MEDICAL INSURANCE INFORMATION

Member: Self  Spouse

Health Insurance Plan Name \_\_\_\_\_ Company Sponsor \_\_\_\_\_

Health Plan # \_\_\_\_\_ Group ID # \_\_\_\_\_ Payer ID # \_\_\_\_\_

Member ID# \_\_\_\_\_ Medicare ID# \_\_\_\_\_

Claims Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Website \_\_\_\_\_

### PERSONAL INFORMATION

#### Allergies

#### Pre-existing Conditions / Prior Surgeries and Dates

#### Vaccines and Immunizations, including date of last Tetanus shot





Your Name \_\_\_\_\_

### PHYSICIAN/HEALTHCARE PROVIDERS

#### PRIMARY CARE PHYSICIAN

Practice name and address: \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_ After-Hours Phone \_\_\_\_\_

#### SPECIALIST 1

Practice name and address: \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_ After-Hours Phone \_\_\_\_\_

#### SPECIALIST 2

Practice name and address: \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_ After-Hours Phone \_\_\_\_\_

#### SPECIALIST 3

Practice name and address: \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_ After-Hours Phone \_\_\_\_\_

#### SPECIALIST 4

Practice name and address: \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_ After-Hours Phone \_\_\_\_\_

#### DENTIST

Practice name and address: \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_ After-Hours Phone \_\_\_\_\_

#### OPHTHALMOLOGIST

Practice name and address: \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_ After-Hours Phone \_\_\_\_\_

#### PEDIATRICIAN

Practice name and address: \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_ After-Hours Phone \_\_\_\_\_

#### VETERINARIAN

Practice name and address: \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_ After-Hours Phone \_\_\_\_\_



# Family Medical Emergency Protocol



**PLANNED FINANCIAL**  
services

Your LIFE. Your MONEY. Your WAY.™

440.740.0130 | www.PlannedFinancial.com

## EMERGENCY CONTACTS

Your Name \_\_\_\_\_

Contact the following family members/friends/business associates in the event of an emergency or incapacitation:

### PERSONAL

Name (1) \_\_\_\_\_ Relationship \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Alternate Phone \_\_\_\_\_

Name (2) \_\_\_\_\_ Relationship \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Alternate Phone \_\_\_\_\_

### FINANCIAL ADVISOR

Contact \_\_\_\_\_ Phone \_\_\_\_\_ After-Hours Phone \_\_\_\_\_

Firm/Address \_\_\_\_\_

### ATTORNEY

Contact \_\_\_\_\_ Phone \_\_\_\_\_ After-Hours Phone \_\_\_\_\_

Firm/Address \_\_\_\_\_

### TAX ADVISOR/CPA

Contact \_\_\_\_\_ Phone \_\_\_\_\_ After-Hours Phone \_\_\_\_\_

Firm/Address \_\_\_\_\_

### OTHER ADVISOR

Contact \_\_\_\_\_ Phone \_\_\_\_\_ After-Hours Phone \_\_\_\_\_

Firm/Address \_\_\_\_\_

### BANK/FINANCIAL INSTITUTION (1)

Contact \_\_\_\_\_ Phone \_\_\_\_\_ After-Hours Phone \_\_\_\_\_

Institution/Address \_\_\_\_\_

### BANK/FINANCIAL INSTITUTION (2)

Contact \_\_\_\_\_ Phone \_\_\_\_\_ After-Hours Phone \_\_\_\_\_

Institution/Address \_\_\_\_\_

### BANK/FINANCIAL INSTITUTION (3)

Contact \_\_\_\_\_ Phone \_\_\_\_\_ After-Hours Phone \_\_\_\_\_

Institution/Address \_\_\_\_\_



