

Emergency Room Checklist

What to bring:

- Insurance Cards List of medications Hearing Aides, glasses, walker, etc.
- Information on all doctors and health care providers comfortable clothing
- Important medical info (diagnosis, allergies)
- Other: _____

Who needs to be notified?

Name: _____ Relation: _____
 Phone: _____ Notes: _____

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If admitted to the hospital, I need to consider suspending or cancelling the following:

Service	Contact	Notes
Meal/Food Delivery		
Cleaning Services		
Home Health Services		

Are there any upcoming appointments that I need to cancel?

Notes:
