

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

INDIVIDUAL EMERGENCY INFORMATION – RESIDENTIAL

Medical file and health card will accompany the individual on all routine and emergency medical visits.

INDIVIDUAL'S NAME (<i>Last, First, M.I.</i>)	DATE OF BIRTH	PHONE NO.
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INDIVIDUAL'S ADDRESS (*No., Street, City, State, ZIP*)

SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	LANGUAGE SPOKEN/UNDERSTOOD	RELIGIOUS PREFERENCE
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DAY PROGRAM PROVIDER'S NAME	PHONE NO.
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DAY PROGRAM PROVIDER'S ADDRESS (*No., Street, City, State, ZIP*)

PHYSICIAN'S NAME	PHONE NO.
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PHYSICIAN'S ADDRESS (*No., Street, City, State, ZIP*)

HOSPITAL'S NAME	PHARMACY'S NAME	PHARMACY'S PHONE NO.
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PHARMACY'S ADDRESS (*No., Street, City, State, ZIP*)

PRIMARY HEALTH INSURANCE	I.D./POLICY	PHONE NO.
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SECONDARY HEALTH INSURANCE	I.D./POLICY	PHONE NO.
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AUTHORIZATION PROCESS

Call the PCP when taking a client to emergency. PCP will then call the hospital to authorize emergency treatment.

GUARDIAN'S NAME	PHONE NO.
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GUARDIAN'S ADDRESS (*No., Street, City, State, ZIP*)

OTHER CONTACTS IF GUARDIAN IS UNAVAILABLE

PARENTS' NAME(S)	PHONE NO.
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PARENTS' ADDRESS (*No., Street, City, State, ZIP*)

SUPPORT COORDINATOR'S NAME	PHONE NO.
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MEANS OF COMMUNICATION

GENERAL HEALTH STATUS

HEALTH RISK AND PROCEDURE TO FOLLOW

ALLERGIES	TYPE OF SEIZURE DISORDER	FREQUENCY OF SEIZURE ACTIVITY
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BEHAVIOR RISK

Yes No Explain:

WHAT TO DO

ANTECEDENT

LEVEL II BEHAVIOR PROGRAM

Yes No

ADDITIONAL INFORMATION

COMPLETED BY	DATE COMPLETED
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See **Medication Treatment Plan** for medication dosage, side effects and lab schedule.
Reference **Helpful Hints** form for additional information pertinent to this individual.

Equal Opportunity Employer/Program

Under Titles VI and VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.