

MY PERSONAL EMERGENCY MEDICAL -- PREPARATION PLAN

This is a summary checklist to organize your Emergency Medical Preparation Plan

Your Name:	
Your Health Chapter:	Group Name: Frequency of Meetings: Describe how the group is organized:
Names of people who have keys to my home:	Primary Person: Backup Person:
I have all these things in a folder located on my refrigerator:	<input type="checkbox"/> My complete medical history (Include whether you wear contacts or not, color of your hair, eye color, height and weight. <input type="checkbox"/> Filled out the Emergency Room Information Form that is on our website and that is attached here <input type="checkbox"/> List of my current medications <input type="checkbox"/> List of any allergies <input type="checkbox"/> Local emergency contact information (See below) <input type="checkbox"/> Family contact information in the US (See below) <input type="checkbox"/> Money for an emergency <input type="checkbox"/> A copy of my blood type card <input type="checkbox"/> A copy of my cedula and my passport number <input type="checkbox"/> A copy of my POA for someone to make medical decisions for me if I am unable to (see information below) <input type="checkbox"/> Other:
I have established a medical record with this doctor:	Name of Doctor:
I have medical insurance through this provider: Contact person at Insurance company:	Name of Insurance Company: Telephone number of contact:
I have a copy of my insurance card in my emergency medical packet:	<input type="checkbox"/> Yes
Person who knows where my ATM card is and they have the pin number to withdraw funds to pay for a medical treatment or to pay any needed expenses. Or this person has access to my emergency medical fund.	Primary Person: Backup Person:
Plan for where to go in the event of stroke or heart attack, covered by my insurance.	City: Name of Hospital: Mode of transport: (name and phone) Name of Translator: (name and phone)

In a lesser emergency, I plan to be taken to this other location, covered by my insurance.	City: Name of Hospital: Mode of transport: (name and phone) Name of Translator: (name and phone)
I have a Power of Attorney document in my emergency packet of information listing this person for making medical decisions for me, if I am incapable of doing so.	Primary Person:
I have filed a notarized document listing this funeral home to cremate me upon death. I have money for this available.	Name of Funeral Home:
I have someone who can take care of my pets in case of an emergency.	Name of Person:
I have an emergency “ go bag ” with medication, toiletries, change of clothing, etc available to take in the event of an emergency.	<input type="checkbox"/> Yes - Medical folder <input type="checkbox"/> Yes - Medication <input type="checkbox"/> Yes - Toiletries <input type="checkbox"/> Yes - Change of clothing <input type="checkbox"/> Yes - Copy of this Emergency Planning Form <input type="checkbox"/> Yes - Cash for payment of medical treatment
I know if I need medical equipment, some is available to borrow from CHC. I know a deposit is required.	<input type="checkbox"/> Yes
Upon discharge from the hospital, I know I can reach out to my local Health Chapter members for assistance in the recuperation period. I know they will assemble a plan so there is someone checking in on me daily and getting me what I may need.	<input type="checkbox"/> Yes
I would like these family members to be contacted if I am not able to communicate with them Name Phone Email Name Phone Email	
Name of Emergency contact in Ecuador Phone Email	
With the above items in place, I feel I am as prepared as I can be for a medical emergency.	<input type="checkbox"/> Yes