Emergency Communication 4 ALL .....Picture Communication Aid

FREE SPACE *(for your custom message)*

I can't speak but I can hear and understand you.

My technology needs to be charged.

My vital information is on the back on this page.

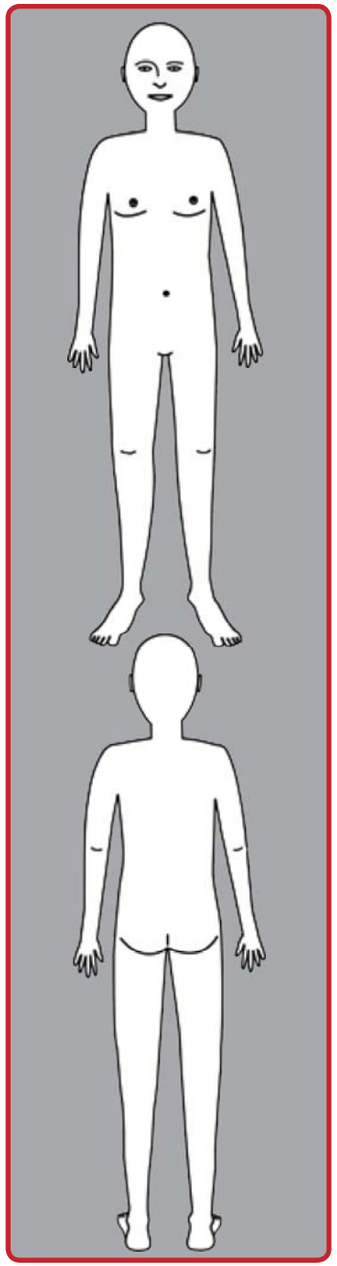
Please contact my family.

Ask me questions if you need to, but please wait patiently for my replies.

I will point to where I hurt.

MY NAME IS	I, me, my	Bleed	Infect	Allergy	Disability	Help	Bathroom
WHO	You, yours	Broken	Need/Want	Blanket	Disaster	Home	Walker
WHERE	She, her, hers	Burn	Rescue	Clothes	Emergency	Hospital	Wheelchair
WHAT	He, his, him	Choke	Spell	Cold	Family	Sick	Wind
WHEN	They, them, their	Communicate	Talk	Damage	Fire	Pets	Worried
WHY	We, ours	Evacuate	Understand	Danger	Flood	Shelter	Worse/Worst
HOW	YES	Hurt/Injure	Wait	Communication Device	Heat/Hot	Seizure	NO

0	1	2	3	4
5	6	7	8	9
A	B	C	D	E
F	G	H	I	J
K	L	M	N	O
P	Q	R	S	T
U	V	W	X	Y
Z	?	.	!!	SPACE



Emergency Communication 4 ALL

PERSONAL INFORMATION

1. NAME _____

DOB _____

Address _____

Cell Phone _____

Home Phone _____

Email _____

2. EMERGENCY CONTACT

Name _____

Address _____

Cell Phone _____

Home Phone _____

Relation _____

3. 2ND EMERGENCY CONTACT

Name _____

Address _____

Cell Phone _____

Home Phone _____

Relation _____

4. DOCTOR

Name _____

Address _____

Phone _____

5. HEALTH INSURANCE

❑Private ❑Medicare ❑Medicaid ❑Other _____

Policy Number _____

Date Issued _____

6. PRESCRIPTION MEDICATIONS

Name & Dosage _____

Name & Dosage _____

Name & Dosage _____

Name & Dosage _____

Name & Dosage _____

7. OVER THE COUNTER DRUGS

1) _____

2) _____

8. PHARMACY NAME _____

Contact Person _____

Phone _____

9. ALLERGIES [complete list] _____

10. RELEVANT MEDICAL HISTORY [brief] _____

11. SUPPORT AGENCY [if applicable] _____

12. MEDICAL EQUIPMENT/TECHNOLOGY SUPPLIER

13. EQUIPMENT/SUPPORT NEEDED FOR INDEPENDENCE

Personal Assistance Services

Name _____

Phone _____

Allotted Hours _____

Mobility/Transferring _____

Communication _____

Hygiene/Toileting /Vision _____

Telephone Use _____

Finances/Writing _____

Cooking _____

Eating and Diet _____

Transportation _____

Service Animals _____

Institute on Disabilities
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