

EMS INFORMATION

[Community Address] | [Community Primary Phone]
[Community Website] | [Community Primary Email]



First Name **Ellenor** Last Name **Johnson** Care Type **Assisted Living**
Gender **Female** SSN **123-45-6789** DOB **08/19/1945** Suite # **207**
Diagnoses **Chest pains, possible heart attack**
Allergies **None** Medications Summary **Losartan**

Insurance

Primary Insurance **Medicare** Policy # **10-123456789**
Secondary Insurance **Blue Cross / Blue Shield** Policy # **987654321**
Prescription Drug Coverage Provider **CVS**
Rx Group # **12345** Rx Policy # **67890** Rx Member # **ABC-54321**
Primary Care Physician **David Mills** Physician Phone **407.555.1234**
Hospital Preference **Beauregard General** Hospital Phone **407.555.5678**
Pharmacy **CVS – Mayfield Creek** Pharmacy Phone **407.555.9012**

Emergency Contact(s)

(full contact details on page 2)

Name **David Johnson** Relationship **Husband** Primary Phone **407.808.1234**
Name **Emily Dickenson** Relationship **Sister** Primary Phone **407.808.5678**
Name **Eric Johnson** Relationship **Brother** Primary Phone **407.555.1123**
Name **Jeremiah Johnson** Relationship **Son** Primary Phone **407.789.5678**

Documents

(full contact details on page 3)

DNR **Yes** Advanced Directive **Yes** Code Status **DNR**
POA **Yes** POA Type(s) **Financial & Healthcare**
POA Name **David Johnson** Relationship **Husband**

Mortuary

Name **Montgomery Funeral Home** Phone **407.808.1234**
Address **333 Ocean Blvd** City **Anytown** State **FL** Zip **31300**

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Emergency Contact(s)

Name David Johnson Relationship Husband
[Primary] Phone 407.808.1234 [Secondary] Phone 407.808.5678
Email david.johnson@gmail.com
Address 1234 Smith Street City Anytown State FL Zip 31300

Name Emily Dickenson Relationship Sister
[Primary] Phone 407.808.5678 [Secondary] Phone -
Email emily.dickenson@gmail.com
Address 4321 Jackson Street City Anytown State FL Zip 31300

Name Eric Johnson Relationship Brother
[Primary] Phone 407.555.1234 [Secondary] Phone -
Email eric.johnson@gmail.com
Address 27 Allendale Drive City Anytown State FL Zip 31300

Name Jeremiah Johnson Relationship Son
[Primary] Phone 907.789.5678 [Secondary] Phone -
Email jeremiah.johnson@yahoo.com
Address 11 Frozen Lake Lane City Ft. Yukon State AK Zip 99740

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POA Contact(s)

POA Name David Johnson Relationship Husband
[Primary] Phone 407.808.1234 [Secondary] Phone 407.808.5678
Email david.johnson@gmail.com POA Type(s) Financial & Healthcare
Address 1234 Smith Street City Anytown State FL Zip 31300