



Transition Exercise: Important Health Care Information

Emergency Contact 1

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact 2

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Doctor

Name: _____

Address: _____

Phone: _____

Why I see this doctor: _____

Hospital

Name: _____

Address: _____

Phone: _____

Clinic Nurse

Name: _____

Address: _____

Phone: _____

Social Worker

Name: _____

Address: _____

Phone: _____

School Nurse

Name: _____

Address: _____

Phone: _____

Pharmacy

Name: _____

Address: _____

Phone: _____

Add **ICE (In Case of Emergency)** to your cell phone contacts list with your first choice of emergency contact. This is a great way for others to know who to contact if there is an emergency.

Fill in and cut out card below. **Carry it in your wallet or purse for quick info or an emergency.**

Important Health Care Info
If this is an emergency please call **911**

Your name: _____
Address: _____
Phone: _____
Diagnosis: _____
Medications: _____

Emergency Contact 1:
Name: _____
Address: _____
Phone: _____

(Fold Here)

Emergency Contact 2:
Name: _____
Address: _____
Phone: _____

Doctor:
Name: _____
Address: _____
Phone: _____

Hospital:
Name: _____
Address: _____
Phone : _____