



EMERGENCY RECORDS OF RESIDENT. AD-401

Village: _____

Surname	Resident Name	RSA ID / Passport Number	Admission Date	Unit/Room Number
Resident contact number:				
Resident Admission Diagnosis				
Allergies:				
RESIDENT EMERGENCY INFORMATION				
Medical Aid Name		Medical Aid Number	Name of Medical Aid Plan/Option	
Preferred Ambulance Service		Contact number of Ambulance	Living Will (Yes / No)	
Preferred Funeral Home		Contact number of Funeral Home	Cremation/Burial/ Aquamation	
Preferred Hospital		Evergreen Health Village/ Clinic /Care centre Name:	EH contact number	
Treating Medical Practitioners (GP's)		Practice telephone number	Practice e-mail address	
Specialist Medical Practitioner		Practice telephone number	Practice e-mail address	
Preferred Pharmacy		Pharmacy telephone number	Pharmacy e-mail address	
FAMILY / SPONSOR / GUARDIAN INFORMATION				
1 st Contact Details		Required info	2 nd Contact Details	
		Surname		
		Name		
		Relationship to Resident		
		Mobile Number		
		Work Number		
		Email Address		
Name of Curator (if applicable)		Contact number of Curator	E-mail address of Curator	

Attach a copy of ID and medical aid cards, both sides of cards to be copied; send copy of latest script with.

Evergreen Health (Pty) Ltd. | Registration No: 2018 / 041239 / 07

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