



## EMERGENCY RECORDS OF RESIDENT. AD-401

Village: \_\_\_\_\_

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

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