

# 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.

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

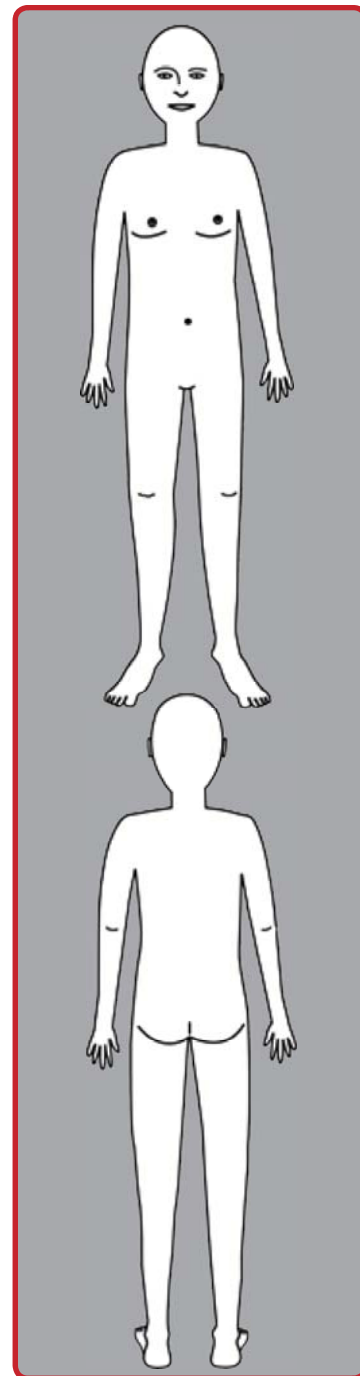
My vital information is on the back on this page.

Please contact my family.

I will point to where I hurt. 

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

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



**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** \_\_\_\_\_

\_\_\_\_\_



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