

CONTACTS AND EVACUEES

PSN Applicant Name (from front): _____

____ (____) _____
Primary Doctor: Phone Home Health Agency Info Phone: _____

____ (____) _____
Emergency Contact Phone Caregiver Phone _____

____ Evacuate Spouse?
____ Evacuate Caregiver? _____ Number of additional Evacuees (Excluding PSN Spouse, Caregiver)

MEDICAL INFORMATION

____ Aphasia
____ Arthritis
____ Asthma
____ Breathing Treatment
____ Bronchitis
____ Cancer
____ Cerebral Palsy
____ Comatose
____ Contagious Disease – Type: _____
____ Dementia ____ Early ____ Moderate ____ Late
____ Diabetes
____ Dialysis: (In Home Dialysis?) ____ Yes ____ No
____ Difficulty Speaking
____ Edema
____ Emphysema/COPD
____ Hearing Impaired
____ Heart Condition ____ Stable ____ Unstable
____ High Blood Pressure
____ Hip/Knee Replacement: When? _____
____ Hospice (“end-of-life” diagnosis, not palliative care)

____ Medical Equipment. Circle any that apply:
(Feeding tube, Ventilator, IV, Indwelling Catheter)

____ Memory Loss
____ Mentally Impaired
____ Multiple Sclerosis
____ Muscular Dystrophy
____ Nebulizer
____ Open Sores
____ Ostomy – Type _____
____ Oxygen Use ____ LPM (Number on dial)
____ Parkinson’s Disease: ____ Early ____ Mod ____ Late
____ Psychosis ____ Controlled ____ Uncontrolled
____ Seizures ____ Controlled ____ Uncontrolled
____ Sight Impaired
____ Skin Disease
____ Skin Infections
____ Special Diet (Bring doctor-prescribed food)
____ Speech Impaired
____ Stroke/CVA (Limitations)

List known allergies: _____

List medication: _____

Other Comments: _____

POWER DEPENDENT

____ Electric Dependent, Why? _____
____ Oxygen Concentrator
____ Sleep Apnea (CPAP Machine)
____ Ventilator/Respirator (Machine is used to breath for you, unlike the Oxygen Concentrator and CPAP)
____ Other, Please Specify: _____

MOBILITY

____ I have someone assist me with all my daily activities
____ I walk without help
____ I use a cane
____ I use a walker. Walk long distances? ____ Yes ____ No
____ I use a wheelchair
____ I am bedridden

* CONTACT US WITH CHANGES TO YOUR INFORMATION, NO NEED TO RE-REGISTER YEARLY.

Revised 5/26/2010