

Who to Contact in an Emergency

In addition to appointing a spokesperson, you may want to communicate information about your emergency contacts. Are there certain people you want your health care providers to contact if you have a medical emergency or mental health crisis? Are there people you don't want your health care providers to contact?

After completing the optional worksheet, initial each page and keep a copy of it with your other important papers. Give a copy to your health care provider to put in your medical record. If you give the worksheet to your health care provider, it will become part of your medical record, and will be protected like your other medical information.

Emergency Contacts

I would like to have the following person (people) contacted in case of a medical emergency (e.g., hospitalization) or mental health crisis.

Name:	Home Phone:
Street Address:	Office Phone:
City/State/Zip:	Email:

Name:	Home Phone:
Street Address:	Office Phone:
City/State/Zip:	Email:

Name:	Home Phone:
Street Address:	Office Phone:
City/State/Zip:	Email:

Spiritual Advisor

I would like to have my pastor, priest, rabbi, or other spiritual advisor consulted regarding any difficult health care decision that must be made on my behalf. (If no, leave blank.)

Name:	Home Phone:
Street Address:	Office Phone:
City/State/Zip:	Email:

Do Not Notify

I do NOT want the following people notified in case of a medical emergency (e.g., hospitalization) or mental health crisis.

Name:	Home Phone:
Street Address:	Office Phone:
City/State/Zip:	Email:

Name:	Home Phone:
Street Address:	Office Phone:
City/State/Zip:	Email:

Name:	Home Phone:
Street Address:	Office Phone:
City/State/Zip:	Email:

Do Not Visit

I do NOT want the following people to visit me in case of a medical emergency (e.g., hospitalization) or mental health crisis.

Name:	Home Phone:
Street Address:	Office Phone:
City/State/Zip:	Email:

Name:	Home Phone:
Street Address:	Office Phone:
City/State/Zip:	Email:

Name:	Home Phone:
Street Address:	Office Phone:
City/State/Zip:	Email:
