

# HOT LIST for EMERGENCY SERVICES and CAREGIVERS

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Patient Name: \_\_\_\_\_ As of Date: \_\_\_\_\_

Current Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Caregiver Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Secondary Caregiver Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication List: *(use reverse for additional medications and other useful details)*


Allergies: \_\_\_\_\_

Medical Devices: *(e.g. implant, hearing aid, eyeglasses, denture, pacemaker, prosthetic, other list)*


Mental Capacity and other alerts: *(e.g. dementia, schizophrenia, autism, other list)*

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Prior Trauma: *(e.g. diabetic, stroke, heart attack, other list)*

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Other Important Necessities and Warnings: *(e.g. pets, alarm systems, restraining orders)*

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## **In the event of an EMERGENCY CALL 911 immediately**

All content and material is for informational purposes only - not intended as a substitute for the consultation, diagnosis and/or medical treatment from a qualified physician or healthcare provider.

*Keep information updated.*

# HOT LIST for EMERGENCY SERVICES and CAREGIVERS

## HOT LIST INSTRUCTIONS

On the Emergency Red Binder COVER please print your loved one's full name in the space provided. Next, complete all information as requested on the HOT List for Emergency Services and Caregivers. Also include their physical location/address.

**The HOT List is located in the front sleeve of this binder.**

The HOT List for Emergency Services and Caregivers should be completed immediately.

This HOT List should remain easily accessible and provided to any emergency personnel and or known of its whereabouts to any person(s) caring or watching over your loved one.

Copies of updated HOT List(s) should be made and kept in a visible location, known to all.

Please print clearly and verify all phone numbers and locations are accurate.

To download a copy of the HOT LIST go to:

<http://caretocaregiver.org/free/>



**CARE TO CAREGIVER** Post in Easily Viewable Areas  
**HOT LIST for EMERGENCY SERVICES and CAREGIVERS**

Patient Name: \_\_\_\_\_ As of Date: \_\_\_\_\_  
 Current Location: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Family Caregiver Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Secondary Caregiver Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Primary Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication List: *(use reverse for additional medications and other useful details)*


Allergies: \_\_\_\_\_

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# HOT LIST for EMERGENCY SERVICES and CAREGIVERS

Always PROMINENTLY display the PATIENT'S NAME - PLEASE MAKE A MINIMUM OF TWO COPIES of this HOT LIST. One TO KEEP WITH PATIENT AT ALL TIMES and a copy for the ATTENDING CAREGIVER (family member, neighbor, friend.) It is important to instruct attending caregivers who watch over your loved one about the contents of this HOT LIST.

**Patient Name:** It is important to know and display the patient's full legal name in order for any emergency person to identify and communicate with that person; add nickname in parenthesis

**As of Date:** keep this hot list current – provide date of most recent information

**Current Location:** provide patient's complete address, zip code and cross-street

**Phone:** provide area code and landline or cell phone number at location

**Family Caregiver Name:** indicate responsible person's full name and cell phone number

**Secondary Caregiver Name:** indicate backup person – name and cell phone number

**Primary Physician Name:** provide Doctor's name and phone number

**Medication List:** write exact name as indicated on prescription or over the counter packaging, use additional sheets if necessary

**Allergies:** list drug, food, airborne allergies and irritants

**Medical Devices:** provide all known devices, e.g. implant, hearing aid, inhalers, eyeglasses, dentures, pacemaker, prosthetic, other list

**Mental Capacity and other alerts:** ask the doctor to describe known issues which should be included here and told to emergency personnel in a crisis, e.g. mentally delayed, down syndrome, dementia, PTSD, drug addiction, alcoholism

**Prior Trauma:** ask the doctor to describe known conditions that may be important to emergency personnel in a crisis e.g. diabetic, stroke, heart attack

**Other Important Necessities and Alerts:** recommended that you list e.g. insurance coverage, pets, alarm systems, restraining orders or concerns. Ask the doctor should you list your patient's blood type. Include instructions for management of infectious conditions e.g. gloves, mask, protective clothing, etc.

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