

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.

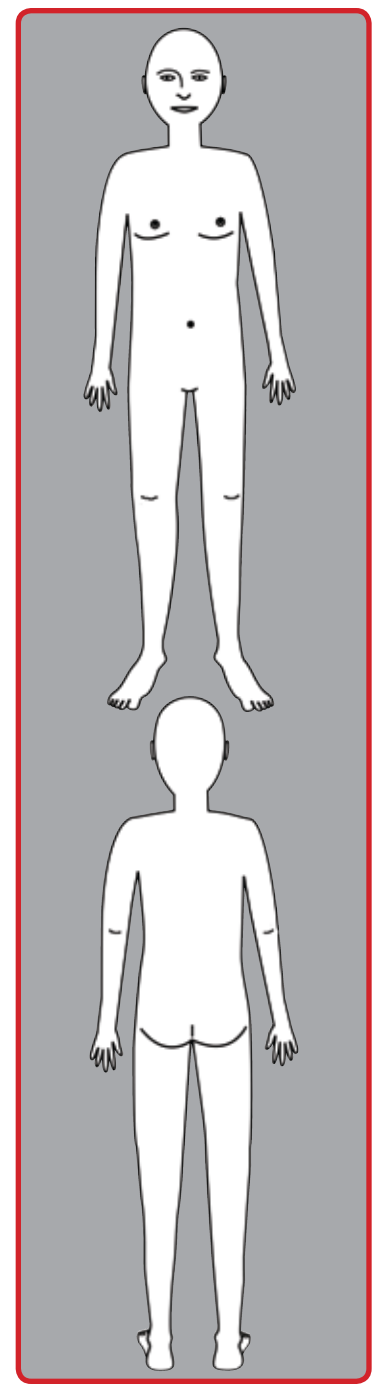
My vital information is on the back on this page.

Please contact my family.

I will point to where I hurt. 

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

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 _____



Institute on Disabilities

TEMPLE UNIVERSITY®

College of Education

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