

Harborwren Emergency Info Sheet

A blank preparation worksheet for U.S. family caregivers. Complete on paper.

Person and document references:

Use document names, insurer references, phone numbers, and secure storage locations. Keep original records separate.

Person's name: Name as it appears on an identity document

Identity documents: Which ID, passport, or birth record is available, and where is it kept? Do not write full ID numbers.

Health insurance: Carrier or plan reference, service phone, and card location

Dental insurance: Carrier or plan reference, service phone, and card location

Property insurance: Carrier or policy reference, contact phone, and secure policy location

Emergency care contacts:

Add names and numbers to this sheet and to the phone. Confirm addresses and after-hours details when you review it.

Primary-care provider: Provider or clinic, phone, and after-hours number if available

Nearest emergency department: Hospital or department name, address, and phone

Nurse advice line: Name or service and phone number

Urgent-care clinic: Clinic name, address, and phone

Walk-in clinic: Clinic name, address, and phone

Health providers and people who can help:

List people a designated helper or provider may need to reach. Share this sheet only with people who need the information.

Other health providers: Provider or practice, role or specialty, and phone

Family contact: Name, relationship, phone, and when to call

Friend contact: Name, phone, and when they can help

Neighbor contact: Name, phone, and when they can help

Other helper: Name, role, phone, and when they can help

What helps this person feel understood:

Short, practical notes can help someone communicate respectfully and keep familiar routines.

Name they prefer: How should helpers address them?

Usual routine: Helpful daily timing or familiar routines

Likes and dislikes: Things they enjoy, avoid, or find comforting

Possible triggers and helpful responses: What may cause distress, and what usually helps?

Nonverbal signs of pain or discomfort: Changes in expression, movement, sounds, or behavior to notice

Keep emergency contacts on paper and in a charged phone. Review this sheet regularly and update it when a contact, reference, or preference changes.

Store the completed sheet in a secure place that designated helpers can find. Protect any digital copy with a password or encryption; do not post it publicly or share a public link. Share it only with designated helpers or providers who need the information.

Keep medical directives, detailed diagnoses or treatment plans, legal or property instructions, and financial account numbers, PINs, and passwords off this sheet. Keep those records separate and follow the instructions from the appropriate professional.

This sheet is educational preparation only. It is not medical, legal, financial, or emergency advice.