**VISION SENIOR CARE RESIDENT PROFILE**

**5002 CHAMBLE TUCKER RD TUCKER, GEORGIA 30084**

**(770) 330 -7557**

**Emergency Information**

THIS FORM CONTAINS IMPORTANT INFORMATION NEEDED FOR THE EMERGENCY MEDICAL TEAM IN THE EVENT OF A MEDICAL EMERGENCY.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**   | **Sex**   | **Race**   | **Marital Status**   | **CODE STATUS**  |
| Str**eet Address** **5002 Chamblee Tucker Road** | **City/Town****Tucker** | **State** **GEORGIA** | **County** **Dekalb** | **Zip Code** **30084**  |
| DOB:  | **Birthplace**   | **Religion**   | **Move-In Date**   | **Room**  |
| **Admitted From:**   | **Usual Occupation**   | **Served in U.S. Armed Forces?**  Yes No Unknown  |
| Diagnoses:        | *ALLERGIES:*  DIET: |
|  **POA/ Representative**   | **Relationship**   | **Address**   | **Home** **Work** **Cell** **Email**  |
| **Person to notify in emergency**  | **Relationship**   | **Address**   | **Home** **Work** **Cell** **Email**  |
| **Other Significant contacts**   | **Relationship**   | **Address**   | **Home** **Work** **Cell**  |
| **Social Security Number**   | **Medicare Number**   | **Other Insurance**   |
| **Hospital of Choice**   | Address   | **Phone**  fax  |
| **Attending physician**   | **Address**   | **Phone**  Fax:  |
| **Dentist**  | **Address**   | **Phone:** Fax:  |
| **Podiatrist**  | **Address**   | **Phone:** **Fax:**  |
| **Additional Health Provider Discipline:**   | **Address**   | **Phone:** Fax:  |
| **Pharmacy:**  | **Address**   | **Phone:** Fax:  |
| **Church** | **Address**   | **Phone**  |
| **Mortuary Preference:**   | Address   | **Phone**   |
| **FINANCIAL** **RESPONSIBLE PARTY**   |  |

**Medication list is separate from this form**