



# United Support Services, Inc.

"The works of many coming together for the good of One"

## MY EMERGENCY HEALTH INFORMATION

### USS MEMBER PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### HEALTH CONDITIONS AND DISABILITIES

Major Health Conditions: \_\_\_\_\_

Disabilities: \_\_\_\_\_

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

Medications: **(Please call on-call for complete medication list 704-698-6407)**

### ASSISTANCE I MAY NEED IN AN EMERGENCY / SPECIAL EQUIPMENT

STANDING  WALKING  GETTING AROUND  EATING  DRESSING  TRANSFERRING  
 OTHER \_\_\_\_\_  I WEAR GLASSES OR CONTACTS  I WEAR A HEARING AID

Medical Devices: \_\_\_\_\_

### BEST WAYS TO COMMUNICATE WITH ME

VERBAL  SIGN LANGUAGE  LIP READING  WRITTEN  GESTURE

### TIPS FOR HOW BEST TO HELP ME

\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Supporting Agency: **United Support Services, Inc.** Phone: **704-841-3544 (press 9 after business hours)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Pharmacy Name: \_\_\_\_\_ Phone: \_\_\_\_\_