

# Nursing Home Resident Emergency Contact Document

*Instructions: Please complete this form with accurate and up-to-date information. Keep a copy in the resident's file and post a copy near the resident's bed or phone.*

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## Resident Information

Resident Full Name:   
Date of Birth:   
Room/ Bed Number:   
Admission Date:

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## Primary Emergency Contact

Contact Full Name:   
Relationship to Resident:   
Primary Phone:   
Alternate Phone:   
Email Address:   
Home Address:

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## Secondary Emergency Contact

Contact Full Name:   
Relationship to Resident:   
Primary Phone:   
Alternate Phone:   
Email Address:   
Home Address:

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## Medical Professionals & Key Information

Primary Care Physician Name:   
Physician Phone Number:   
Preferred Hospital:   
Key Allergies:   
DNR Status (Yes / No):

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## Document Verification

Form Completed By (Print Name):   
Date Completed: