

CAREER OPPORTUNITY DEVELOPMENT, INC.

EMERGENCY INFORMATION

Today's Date: \_\_\_\_\_ CODI ID #: \_\_\_\_\_

Badge color: \_\_\_\_\_ DDD Services Recipient? \_\_\_\_\_ DDD Serial #: \_\_\_\_\_

Does this individual have Community Based Time? \_\_\_\_\_ How Long? \_\_\_\_\_ Hrs.

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Birth date: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Age: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Other Ins.: \_\_\_\_\_

DIAGNOSIS AND MEDICATIONS

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis / Medical Conditions: \_\_\_\_\_

**Current Medications:**

NAME OF MEDICATION	DOSAGE	FREQUENCY	ROUTE & REASON	DURATION PERMANENT MED / PRN ?	NAME OF PRESCRIBING PHYSICIAN / DATE OF SCRIPT

(Attach list of medications that do not fit in grid)

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

Therapist / Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Specialist: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**EMERGENCY INFORMATION - CONTINU**

Consumer Name: \_\_\_\_\_ Source of Transportation: \_\_\_\_\_

CODI Bus #: \_\_\_\_\_ Rider Id # (Access Link / County): \_\_\_\_\_ Can this person be left at the stop without supervision? \_\_\_\_\_

Referral Source / Program: \_\_\_\_\_ Name & Phone #: \_\_\_\_\_

RESIDENTIAL SERVICES?    Y    N    Name of Agency: \_\_\_\_\_

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

Group Home Manager or Primary Agency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell or Alt Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell or Alt Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

<b>Guardian:</b>		<b>Alt Program or Intensive Case Management?</b>		<b>Y</b>	<b>N</b>
<b>Address:</b>	_____	<b>Agency Name:</b>	_____		
	_____	<b>Agency Address:</b>	_____		
<b>Phone:</b>		<b>Contact Name:</b>			
<b>Cell:</b>		<b>Contact Title:</b>			
<b>Fax:</b>		<b>Phone:</b>			
		<b>Fax:</b>			

**NEXT OF KIN**

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY**

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_