



## Disaster Preparedness Patient Information Form

### Family Contact Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Insurance Information

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Doctor Contact Information

Name: \_\_\_\_\_ Facility: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Facility: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Facility: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Medications (include name, dosage, frequency)

Medication:	Medication:
Instructions:	Instructions:
Medication:	Medication:
Instructions:	Instructions:
Medication:	Medication:
Instructions:	Instructions:
Medication:	Medication:
Instructions:	Instructions:
Medication:	Medication:
Instructions:	Instructions:
Name of pharmacy chain used:	

### Check List

- Inform family members and doctors of evacuation plans
- Water tight container for prescriptions
- Copies of prescription information
- Brief medical history
- Medical equipment information

### Helpful Information

Texas Oncology  
[www.TexasOncology.com](http://www.TexasOncology.com)  
1-888-864-I CAN (4226)