



FRANKE TOBEY JONES

POINT DEFIANCE-RUSTON SENIOR CENTER

PROGRAM EMERGENCY CONTACT INFORMATION

Office Use Only

Date Completed: _____

Input into database: _____

Participant

Name: _____ Male Female Date of Birth _____

Home Phone: _____ Cell Phone: _____

Address: _____ Zip Code: _____

Email Address: _____ Living Alone

Emergency Contact

Name: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____ Email Address: _____

Demographics (Information needed for granting purposes.)

Ethnicity: White African American Hispanic Asian Russian Pacific Islander
 American Indian/Alaskan Native Other _____

Annual Income: Under \$12,491 \$12,492-16,910 \$16,911-21,330 \$21,331-25,750
 \$25,751-30,170 \$30,171-34,590 \$34,591-39,010 Over \$39,011

Hobbies, Interests & Favorites

Please share what interests and/or hobbies you have as well as your favorite songs, movies and plays.

Would you consider volunteering? Yes No

Medical Emergency Information

Allergies: _____

Medical Condition(s)

Medication(s)

Primary Physician: _____ **Telephone:** _____

Pharmacy (where prescriptions are located): _____

Pharmacy address: _____ **Telephone:** _____

Treatment Exclusions

Is there a medical reason that would preclude you from receiving medical assistance? Yes No

If yes, please explain: _____

_____ (Initial) **PLEASE NOTE:** *Should an incident occur and you need medical assistance, we are required to provide medical help to the extent of our training. If you do not want to be resuscitated, we must have a POLST or copy of a living will on file.*