



# Emergency Contact Information

(253) 327-1112

*Lighthouse*

Operated by Franke Tobey Jones

## Participant

Name: \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

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

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_  Living Alone \_\_\_\_\_ Number in Household

## Emergency Contact

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

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

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Demographics (Information needed for granting purposes.)

**Ethnicity:**  White  African American  Hispanic  Non-Hispanic  Asian  Russian

Pacific Islander  American Indian/Alaskan Native  Other \_\_\_\_\_

**Annual Income:**  Under \$14,580  \$14,581-19,720  \$19,721-24,860  \$24,861-30,000

30,001-35,140  \$35,140-40,280  \$40,281-45,420  Over \$45,420

## 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.*