



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
1-888-864-4226