



SteadyBridge Advocacy Emergency Hospital Packet

A printable caregiver and patient preparedness guide

Patient Information

Full Name: _____

Date of Birth: _____

Insurance Provider: _____

Policy Number: _____

Insurance Provider: _____

Policy Number: _____

These materials are intended for educational and organizational purposes only and do not replace medical, legal, or professional healthcare advice. SteadyBridge Advocacy provides non-medical advocacy and care coordination support. In an emergency, always contact 911 or seek immediate medical attention.

Emergency Contacts

Primary Contact Name: _____

Relationship: _____

Phone Number: _____

Secondary Contact: _____

Relationship: _____

Phone Number: _____

Provider & Specialist Information

Primary Care Provider: _____

Specialty: _____

Phone Number: _____

Specialist Provider: _____

Specialty: _____

Phone Number: _____

Specialist Provider: _____

Specialty: _____

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Phone Number: _____

Preferred Pharmacy: _____

Pharmacy Phone Number: _____

Preferred Pharmacy: _____

Pharmacy Phone Number: _____

Patient Information

Full Name: _____

Date of Birth: _____

Insurance Provider: _____

Policy Number: _____

Insurance Provider: _____

Policy Number: _____

Emergency Medical Conditions: _____

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Legal Documents & Healthcare Decision Makers

Healthcare Power of Attorney: Yes No

Location of Documents: _____

Living Will: Yes No

Location of Documents: _____

DNR / Advance Directive: Yes No

Location of Documents: _____

Legal Guardian or Decision Maker: _____

Phone Number: _____

Implants, Medical Equipment & Oxygen

Pacemaker / Defibrillator: Yes No

Spinal Cord Stimulator: Yes No

Joint Replacements or Other Implants: _____

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Home Oxygen Use: Yes No

Oxygen Company: _____

Durable Medical Equipment (Walker, Wheelchair, CPAP, etc.):

Current Medications

Medication: _____ Dose/Frequency: _____

Medication: _____ Dose/Frequency: _____

Medication: _____ Dose/Frequency: _____

Medication: _____ Dose/Frequency: _____

Medication: _____ Dose/Frequency: _____

Medication: _____ Dose/Frequency: _____

Medication: _____ Dose/Frequency: _____

Medication: _____ Dose/Frequency: _____

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Medication: _____ Dose/Frequency: _____

Medication: _____ Dose/Frequency: _____

Allergies & Medical Conditions

Medication Allergies: _____

Food/Environmental Allergies: _____

Reaction(s): _____

Current Medical Conditions: _____

Past Surgeries/Hospitalizations: _____

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Additional Notes

Need additional support? SteadyBridge Advocacy provides guidance, care coordination, discharge support, and healthcare navigation services.

Call us at 912-328-4873 or email us at info@steadybridgeadvocacy.com

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