

Allergies

ICD (implantable cardioverter-defibrillator)

Pacemaker

Blood thinners

**Special notices**

Haemophilia

Dialysis / shunt

Parkinson's

Tumour disease

Epilepsy

Diabetes

Asthma / COPD

**Health conditions**

Street house number

Postcode town/city

Blood group

Health insurance fund

Membership number

Telephone

Mobile phone

First language

Important notes

**Personal details**

**Are there people you are looking after on a daily basis?**

Child(ren) + name, age and school/day care

Person cared for + contact details

Do you have a pet that needs looking after?

Last updated on

Signature



Surname

First name

Date of birth



**NOTFALL  
INFO-DOSE**

EMERGENCY INFORMATION TIN  
Store in refrigerator!

## Medication plan

Medication plan Storage location\*

Medication	Dosage	Administration
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Intolerances

  

Medication storage location

## Family doctor (GP)

Name

Street /  
house number

Postcode  
town/city

Telephone

Mobile phone

## Domiciliary care service

Name

Street /  
house number

Postcode  
town/city

Telephone

Mobile phone

## Contact persons

Person with power of attorney  Legal guardian

Other  
relationship

Surname

First Name

Street /  
house number

Postcode  
town/city

Telephone

Mobile phone

Person with power of attorney  Legal guardian

Other  
relationship

Surname

First Name

Street /  
house number

Postcode  
town/city

Telephone

Mobile phone

Advance Healthcare Storage location\*

Organ donor ID card Storage location\*

Enduring Power of Attorney Storage location\*

\*a copy may be included in the emergency tin

# NOTFALL INFO-DOSE

