

Top Aid Healthcare Inc 51 union ST suite 204 Worcester MA, 01608 Phone 508-343-8555 Fax 508-519-0353 Email Adminassist@Topaidhealthcare.com

PATIENT EMERGENCY AND CONTACT INFORMATION

Patient Name	<u> </u>			
SS#				
Address			•	
City	State		Zip	
Telephone Number		· · · · · · · · · · · · · · · · · · ·	• —	
nsurance Information	· · · · · · · · · · · · · · · · · · ·			
Responsible Persons Name				
Phone Number				,
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lame Relative/Friend Not I	Living with you:	<u>u.</u>		
Phone Number				
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Primary Care Physician Nan	ne	<u> </u>		

Natural Disaster Emergency Plan

- ⇒ Class I-Patient with life threatening condition that required ongoing medical treatment or medical devices to sustain.
- ⇒ Class II- Patients with the greatest need for care will be seen as soon as possible. Patients required daily insulin injections, IV medications, sterile wound care of a wound with large amount of drainage.
- ⇒ Class III- Service could be postponed 24-48 hours without adverse effects. Diabetic patients able to self-inject, sterile wound care to a wound with minimal amount of drainage.
- ⇒ Class IV- Services could be postponed 72-96 Hours without adverse effects.

 Postoperative with no wound, routine catheter changes or discharge within 10-14 days