Mattern House, Inc.

Emergency Information Form

Individual Name: _____

Race: _____

Color of Eyes: _____

Identifying Marks:

_____
_____
_____
_____
_____
_____

Language Spoken/ Understood: _____

Religious Affiliation: _____ ☐ ***No preference***

Next of Kin:

Name: _____ ***Phone:*** _____

Address: _____

Does the individual have a Do-Not-Resuscitate Order? ☐ ***Yes*** ☐ ***No***

IF YES, PLEASE PROVIDE MATTERN HOUSE WITH A COPY OF THE ORDER

Does the individual have a living will? ☐ ***Yes*** ☐ ***No***

IF YES, PLEASE PROVIDE MATTERN HOUSE WITH A COPY OF THE ORDER