

PDX Commons Emergency Contact Information

NAME _____ Home # _____

In case of a health emergency, loss of capacity, or concerning changes in my behavior, please contact:

	NAME	RELATIONSHIP	PHONE	EMAIL
Primary Emergency Contacts				
(Order names by priority - please mark your legal <i>Health Care Representative</i> with an *)				
PDXC Contacts				
	NAME	SPECIALTY	PHONE	COMMENTS
Health Care Providers				
HEALTH INSURANCE NAME		ID #		
	YES / NO	WHERE LOCATED		
Oregon Advance Directives?				
Oregon POLST ? <div style="text-align: right; font-size: small;"> If YES, is CPR desired? Y / N </div>		Registry #:		
Health Summary Completed?				

Signature _____ Date _____