

Logan Lake Better at Home
31 Chartrand Ave, PO Box 640
Logan Lake BC V0K 1W0



United Way helping seniors remain independent.

Program Coordinator
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IN CASE OF EMERGENCY

My Name: _____

Address: _____ Postal Code: _____

Date of Birth: _____ Male Female
mm/dd/yyyy

I speak: English Other Language Please specify: _____

I wear: Eye Glasses: Yes No Hearing Aids: Yes No

Dentures: Yes Upper Lower No

Family Doctor:

Name _____ Phone: _____

Do you have a "Do Not Resuscitate" registered with your Doctor? Yes No

Care Card Number: _____ Blood Type: _____

Emergency Contact:

Name: _____ Relationship to You: _____

Home Phone: _____ Work: _____ Cell: _____

Pets: _____

To be put in care of: _____ Phone # _____

ALLERGIES: _____

Medical condition(s) Past Surgeries:

***** LIST MEDICATIONS ON REVERSE *****

