Page Robbins Adult Day Care Center
1961 South Houston Levee Road
Collierville, TN 38017
(901)854-1200

EMERGENCY TREATMENT FORM

Admit Date: ______________________________ Discharge Date: ____________________

Name:___________________________________ Social Security Number:_______________

Address: _______________________________ M.C. # :__________________________

____ Date of Birth:_____________________

Gender:_____ Marital Status:__________ Age as of admit date: _________________

Responsible Party/Caregiver:___________________Home Phone #: ____________________

Relationship to client:_______________________ Work Phone # ______________________

Home Address of Caregiver:___________________Caregiver's Place of Work:_____________

____Cell phone:_______________________

2nd Name for Emergency ____________________Phone: __________________________

Address:_________________________________ Work Phone:______________________

___________________________________Cell:__________________________

Physician: _______________________________ Phone:___________________________

Hospital Preference: _______________________ Allergies:_____________________

DNR (Do Not Resuscitate Order) or POST provided to the Center**:** ( ) Yes Date provided______No ( )

Veteran ( ) No ( ) Yes Branch of Service: ___________________________

Diagnosis: ____

______________________________ ______________________________
Responsible Party Date completed

______________________________ ______________________________
Witness Date completed

Please initial below if in agreement.

___The above signed have understood and agreed that Page Robbins Adult Day Care Center cannot be responsible for routine medical maintenance, care or consultation and that all arrangements for any medical problem or special physical or medical needs shall be the sole responsibility of the caregiver, guardian or responsible party.

___ The above responsible party provides permission to Page Robbins Adult Day Care Center to provide this Emergency Treatment Form, a DNR or POST (if available), and medical form to emergency personnel in case of an emergency.