



131 West 86th Street New York, N.Y. 10024  
www.westsidehatzolah.org

**IN CASE OF EMERGENCY 212-230-1000**

Dear Neighbor,

There are situations where time is of the essence.

It is in some of these stressful times that Hatzolah is called and our volunteers show up at your doorstep to help. As they arrive, there are many things going on and it is difficult to focus on any one of them. Many questions are asked of the patient, family or caregiver, but often important answers to these questions are not readily available.

We have put this packet together to allow you the opportunity to answer these questions, before there is an emergency, when you have time to provide adequate attention to the matter.

Please take the time to review what is inside...it may save a life!

**Patient Demographics:** This is your basic information. Your address and social security number allow the hospital to bring up your last records quickly. Your medical history allows us to help you more effectively. The emergency contact information lets us reach a responsible person.

Remember: We DO NOT charge for our services. We DO NOT bill any insurance company.  
This data lets us help you when/if you can not help yourself!

**DNR/MOLST FORMS:** Sometimes, a loved one has passed away and they would NOT want life sustaining measures to be taken, but in the stress of all of this, you call Hatzolah. New York State law DOES NOT allow us to honor Living-Will declarations for health care measures outside a hospital. New York State law DOES allow us to honor two types of forms, a Do Not Resuscitate (DNR) order and a MOLST form, when properly completed.

Please take the time to discuss these forms and their content with your family, doctor, legal advisor and/or Rabbi. Although it is difficult to discuss ones mortality, knowledge about these forms can prevent problems during stressful times and allow us to provide the care the patient would want provided.

**OTHER IMPORTANT INFORMATION:** There are times when additional information available at the bed side could be helpful. For example, if you have an EKG taken, GET A COPY and put it with this packet. If you have a card your doctor gave you after you had angioplasty or other procedure, put it with this packet. This information allows us to have the most information available when we arrive!

If you have ANY information that we have not asked for, but you would like emergency responders to know...feel free to write it down on the back of the Patient Demographics page or make a copy and place with this packet.

**FINALLY AND MOST IMPORTANT:**

1. WRITE LEGIBLY. IF WE CANNOT READ THE FORM IT WILL NOT HELP YOU, OR, ANYONE ELSE.
2. BE SURE TO UPDATE THE INFORMATION ON A REGULAR BASIS

We hope you never need to call on our services, but remember, that if you do –  
We will be there for you.

West Side Hatzoloh

**Patient Demographics**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Home Address**

Street: \_\_\_\_\_ Country: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 State: \_\_\_\_\_ Phone Number: (     )     -  
 Social Security Number:     -     -

**Medical Information**

**Past Medical History**

<i>Condition</i>	<i>Condition</i>
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

**Medications**

<i>Medication Name</i>	<i>Dosage</i>	<i>Frequency</i>	<i>Medication Name</i>	<i>Dosage</i>	<i>Frequency</i>
1. _____	_____	_____	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

**Allergies**

Medication Allergies: \_\_\_\_\_ Other Allergies: \_\_\_\_\_

**Physician Information**

<i>Physician's Name</i>	<i>Specialty</i>	<i>Phone</i>	<i>Hospital Affiliation</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**Hospital Preference**

Hospital Name \_\_\_\_\_ Hospital Name \_\_\_\_\_  
 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Advanced Directives (appropriate forms attached)**

Medical Orders for Life-Sustaining Treatment (MOLST) Form     Yes / No  
 Prehospital Do Not Resuscitate (DNR) Order     Yes / No

**Blood Type (Circle One):**     A+     A-     B+     B-     AB+     AB-     O+     O-

**Emergency Contact Information**

<i>Name</i>	<i>Relationship</i>	<i>Phone 1</i>	<i>Phone 2</i>
1. _____	_____	(     ) -     -	(     ) -     -
2. _____	_____	(     ) -     -	(     ) -     -

**Insurance Information**

<i>Carrier</i>	<i>Group</i>	<i>Policy Number</i>	<i>Insured's Name</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____