Re: Safe Seniors Program

Dear Friend,

During emergencies, senior citizens are usually at high risk. Isolation may endanger our older citizens, especially if they have been sick or recently discharged from the hospital. In order to prepare for any emergency that may occur, the Senior Center is compiling Emergency Information on all of the seniors in town. This information will be kept confidential and used only during an emergency. Your response is crucial for the town to make sure that you are safe during an extended power outage, flood, pandemic, or other hazardous event. Please return the form to the Council on Aging office in the self addressed stamped envelope. If you need any assistance filling out the following form, please call me at 978-422-3032. Thank you for your cooperation.

Sincerely,

Karen L. Phillips
COA Director

PLEASE PRINT

NAME: _____

ADDRESS: _____

PHONE: _____ (TTY ___Yes ___ No)

BIRTHDAY: _____

SEX: ____ MALE ____FEMALE

IN HOUSEHOLD: _____

ARE YOU ON OXYGEN: ___YES ___NO ARE YOU ON DIALYSIS: ___ YES ___NO

MOBILITY STATUS: _____GET AROUND EASILY
_____GET AROUND WITH DIFFICULTY
_____USE A CANE
_____USE A WALKER
_____USE CRUTCHES
_____USE WHEELCHAIR
_____BEDRIDDEN

EMERGENCY CONTACT INFORMATION:

NAME: _____
ADDRESS: _____
PHONE: _____
RELATIONSHIP: _____

MEDICAL INFORMATION:

DOCTOR'S NAME: _____
DOCTOR'S ADDRESS: _____
DOCTOR'S PHONE: _____

PREFERRED HOSPITAL: _____

MEDICAL CONDITIONS:

__ ALS   __ Eye problems   __ Osteoporosis
__ Angina   __ Hearing problems   __ Pacemaker
__ Anxiety   __ Heart disease   __ Panic attacks
__ Arthritis   __ Hepatitis   __ Peripheral artery disease
__ Asthma   __ High cholesterol   __ Stroke
__ Cancer   __ Hypertension   __ Other (please list)
__ COPD   __ Joint replacement
__ Congestive Heart Failure   __ Kidney disease
__ Depression   __ Liver problems
__ Diabetes   __ Memory problems
__ Emphysema   __ Migraines/headaches   _____ (initial)
__ Epilepsy   __ Neuropathy   continue on back

PRIMARY LANGUAGE: _____

ALLERGIES:_____
_____

I hereby grant permission to release this information to other emergency response or human service agencies or officials.

I also give local law enforcement and/or medical personnel permission to enter my home in case of an emergency.

I certify that the above information is correct.

Signature of registrant or
authorized representative _____ Date _____