

ALS Emergency Information Sheet

Organize caregiver handoff notes, communication needs, equipment contacts, care team contacts, and document locations.

Person & contacts

- ☐ Full name / preferred name / DOB _____
- ☐ Emergency contacts _____
- ☐ Primary caregiver _____
- ☐ ALS clinic / neurologist _____

Communication & baseline

- ☐ Preferred communication method _____
- ☐ Yes/no signal _____
- ☐ Device / board / eye gaze _____
- ☐ Baseline movement / understanding _____

Care team & equipment

- ☐ Pulmonology / respiratory contacts _____
- ☐ DME supplier / equipment list _____
- ☐ Respiratory equipment context _____
- ☐ Supply locations _____

Documents & handoff notes

- ☐ Medications / allergies list location _____
- ☐ Feeding / swallowing notes location _____
- ☐ Care plans / manuals kept at _____
- ☐ What is normal for this person _____

Organization only. Not medical advice or legal advice. Does not replace 911, EMS, clinicians, ALS clinic records, care plans, labels, manuals, DME instructions, or professional guidance.

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