Blood Thinners Emergency Information Sheet

Organize anticoagulant or antiplatelet details, prescriber, pharmacy, allergies, and emergency contacts.

Identity & Contacts

Name / DOB _____

Emergency contacts _____

Caregiver contacts _____

Preferred hospital if shared _____

Medication Details

Blood thinner name _____

Dose or strength _____

Frequency from label/list _____

Reason if shared _____

Care Team

Prescribing clinician _____

Primary doctor / specialist _____

Pharmacy _____

Current medication list location _____

Handoff Notes

Allergies _____

Fall-risk context _____

Bleeding context _____

Recent hospital/procedure notes location _____

Notes / where fuller instructions are kept