Home Health Handoff Emergency Information Sheet

Printable emergency information organizer from YourEMR

Use this page to organize emergency information. It is not medical advice or a care plan.
Fill in only details the person is comfortable sharing on a printed copy.

Person & Contacts

- Name / DOB: _____
- Emergency contacts: _____
- Primary caregiver: _____
- Decision-maker contact: _____

Home Health Team

- Agency phone: _____
- Nurse contact: _____
- Therapy contacts: _____
- Aide schedule context: _____

Documents & Supplies

- Care plan location: _____
- Discharge notes: _____
- Medication list: _____
- Equipment / supplies: _____

Handoff Notes

- Home access if safe: _____
- Communication / mobility notes: _____
- Allergies: _____
- Privacy notes: _____

Organization only. Follow clinicians, home health agency instructions, medication labels, and care plan.