Pacemaker / ICD Emergency Information Sheet

Organize implanted cardiac device details, device card location, clinic contacts, medicines, and allergies.

Identity & Contacts

Name / DOB _____

Emergency contacts _____

Caregiver contacts _____

Preferred hospital if shared _____

Device Details

Device type _____

Manufacturer / model if known _____

Implant date if known _____

Device ID card location _____

Care Team

Device clinic _____

Cardiologist _____

Electrophysiologist _____

Primary doctor / pharmacy _____

Handoff Notes

Medications / allergies _____

Baseline symptoms _____

Communication / mobility notes _____

Remote monitor or device paperwork location _____

Notes / where fuller instructions are kept