Transplant and Immunosuppression 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: _____
- Caregiver contacts: _____
- Decision-maker contact: _____

Transplant Context

- Transplant type: _____
- Transplant team: _____
- Clinic / coordinator: _____
- Care plan location: _____

Medication Basics

- Medication list location: _____
- Pharmacy: _____
- Allergies: _____
- Immunosuppression context: _____

Handoff Notes

- Document locations: _____
- Travel notes: _____
- Communication / mobility notes: _____
- Privacy notes: _____

Organization only. Follow clinicians, transplant team instructions, medication labels, and care plan.