# Vision, Hearing, and Communication 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: _____
- Preferred language: _____

## Communication Context

- Preferred communication: _____
- Interpreter needs: _____
- AAC / assistive tech: _____
- Support person: _____

## Device Locations

- Glasses / contacts: _____
- Hearing aids: _____
- Cochlear implant processor: _____
- Chargers / batteries: _____

## Handoff Notes

- Medication list location: _____
- Allergies: _____
- Sensory / mobility notes: _____
- Privacy notes: _____

Organization only. Respect direct communication, interpreters, clinicians, device instructions, and care plan.