



Emergency Contact Information (SPW) Instruction Sheet



PURPOSE STATEMENT:

The purpose of the form is to record the client's emergency contact information regarding allergies, medical/dental coverage, medical conditions, and persons authorized to contact in the event of an emergency.

TIMELINE:

Completed at the time of enrollment and updated as needed

STAFF RESPONSIBLE:

Services to Pregnant Women (SPW) Perinatal Home Visitor

INSTRUCTIONS:

- **General Information:** List the assigned Home Visitor's name, the SPW client's full name, due date, most recent prenatal visit, and next scheduled prenatal visit. Fill in the client's current contact information.
- **Medical and Dental Insurance:** List the type of medical and dental insurance. Write the Physician/Clinic and Dentist name, address, and phone number. If they are uninsured, check the box 'No Insurance' and provide a referral for medical and/or dental insurance. Enter the referral in PROMIS and update the Emergency Card once insurance is obtained.
- **SPW Health Information:** List any allergies. If none, mark 'N/A.' Mark whether it is a high risk pregnancy and if "yes," document the circumstances of the high risk pregnancy.
- **In Case of Emergency:** Have the client identify a minimum of three other responsible persons that can be contacted in case of an emergency. List their name, phone numbers, and relationship to the client.
- Have the client sign and date the completed form.
- Update the form and Intake tab of PROMIS if any changes to the form need to occur during the program year.