



SELF ASSESSMENT CHECKLIST

During an emergency, or if you are injured and unable to help yourself, this Checklist will enable emergency responders to assist you with your specific needs.

I am able to:

- Hear See Walk without help Walk with help Transfer myself
- Prepare my meals Feed myself Dress myself
- Sit without help Sit with help Wash/Bathe without help Wash/Bathe with help
- Sanitary needs without help Sanitary needs with help

I will need specific help with (explain) _____

Important Personal Information

List your prescription number, name and purpose of each medication.

(Example: #34567, Insulin, Diabetes)

_____ Name _____ Purpose _____

_____ Name _____ Purpose _____

_____ Name _____ Purpose _____

_____ Name _____ Purpose _____

_____ Name _____ Purpose _____

Special equipment I use _____

Special sanitary aids _____

Allergies _____

Other special needs _____

Special diet _____

List names, addresses, telephone numbers of family members, attendants, doctor and other important information.

Name _____ Relation _____

Address _____ Phone # (Home) _____

Phone # (Bus) _____

Name _____ Relation _____

Address _____ Phone # (Home) _____

Phone # (Bus) _____

Doctor _____ Phone # _____

Social Insurance # _____ MSP # _____

Private Medical _____ Policy # _____