

# Intensive Care Unit Admission Emergency Contact Document

## Patient Information

Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Patient ID / MRN \_\_\_\_\_  
Admission Date \_\_\_\_\_  
Ward/Room \_\_\_\_\_

## Emergency Contact - Primary

Full Name \_\_\_\_\_  
Relationship to Patient \_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-mail \_\_\_\_\_  
Address \_\_\_\_\_

## Emergency Contact - Secondary (Optional)

Full Name \_\_\_\_\_  
Relationship to Patient \_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-mail \_\_\_\_\_  
Address \_\_\_\_\_

## Additional Notes

Notes / Special Instructions \_\_\_\_\_

Completed By \_\_\_\_\_  
Date \_\_\_\_\_