Special Needs Shelter Patient Information

All patients registered witrh a special needs shelter should have the following information in home and on file with Abby Services per FAC 59A-18.018 to be prepared prior to a special needs evacuation.

Registry:	Abby	Services Inc. (2	Date Completed:		
Patient Name:				DOB:	
Patient Address:				Phone:	
Physician:		Phone:			
Pharmacy: Allergies:				Phone:	
Oxygen Supplier:				Phone:	
Emergency Contact:				Phone:	
			Medications		
Medication Name	Dose	Route	Time given 8	ny other special considerations	
Is the client to be trar	nsported to	special needs shelter	? Yes No		
	-	ted arrangements mad			
Is the patient receiving	g Skilled Nu	ursing Services? Yes	No		
Details:					
		C	c and Fauince and List		
		Supplie	s and Equipment List		
All nationts are encor	iraged to e	vacuate to a shelter in	a safe area with 24/7 c	are before, during, and after an emergency.	

All patients are encouraged to evacuate to a shelter in a safe area with 24/7 care before, during, and after an emergency.

A good faith effort to provide services of the same type and quantity will be made, but may be interrupted by circumstances beyond ASI control.