Appendix D:

Special Needs Registration

☐ INITIAL ☐ CHANGE DNRO: ☐ YES ☐ NO

WALTON COUNTY
SPECIAL NEEDS PATIENT REGISTRATION FORM

PLEASE PRINT

Last Name, First Name: _____ MI: _____ Speak English? ____ Yes _____ No

Street Address: _____ City: _____ Zip Code: _____ Home Phone: _____

TDD/TDY: ☐ Y ☐ N Social Sec. #: _____ - _____ - _____ DOB: _____/_____/_____ Age: _____ Sex: _____

Next of Kin Name: _____ Home Phone: _____ Relationship: _____

Emergency Contact Name: _____ Home Phone: _____ Relationship: _____

Doctor's Name: _____ Phone: _____

Please List Main Illness **(DO NOT LEAVE BLANK) :**

_____

_____

LIVING SITUATION	IMPAIRMENT	DISASTER PLAN	DIRECTIONS TO HOME
(Check All That Apply) ☐ Mobile Home/Trailer ☐ Dependent on Electricity ☐ Emergency Alert Equipment ☐ Life Sustaining Medications ☐ No Alternate Housing ☐ No Emergency Heat ☐ No Telephone ☐ Lives Alone ☐ Lives with Spouse ☐ Lives with Spouse & Kids ☐ Lives with Kids ☐ Lives with Parents ☐ Lives with Other Relative ☐ Lives with Non-Relative ☐ Lives in Group Home ☐ Other: _____ _____	**(Check All That Apply)** ☐ Mobility ☐ Memory ☐ Vision ☐ Hearing ☐ Wheelchair ☐ Respirator Dependent ☐ Speech ☐ Mental ☐ Epilepsy ☐ Anxiety/Depression ☐ Cardiac History ☐ Bedridden ☐ Insulin Dependent ☐ Incontinent of Bowel/Bladder ☐ Special Diet: _____ ☐ Oxygen Dependent____LPM ☐ Dialysis Dependent ☐ Allergies: _____ _____	☐ Staying at Home ☐ To Any Shelter ☐ To Special Needs Shelter ☐ Needs Evacuation Transport By: ☐ Standard Vehicle ☐ Ambulance ☐ Lift Gate ☐ Other (Family, Hotel, Hospital) ☐ Will Bring Caregiver to Shelter ☐ Guide Dog ☐ File of Life ☐ Other: _____ **SPECIAL AREAS:** ☐ Lives in River Flood Zone ☐ Lives in Hurricane Evacuation Zone **OTHER CONCERNS:** ☐ Patient has Pets: ☐ Dog ☐ Cat ☐ Other Pets: _____	FROM:

I, the undersigned, give permission to release the information above to the Emergency Management Office for assistance with evacuation in the event of a Natural Disaster/Emergency. I also give Emergency Service Providers, whether paid or volunteer, permission to enter my home in case of a declared emergency.

Patient Signature: _____ Date: _____ Witness: _____

Agency Name: _____ Phone: _____ Person Completing Form: _____

Additional Comments:

_____

Please return form to: **Walton County Emergency Management, 75 S. Davis Lane, DeFuniak Spgs., FL 32435**
Fax: (850) 892-8366 Phone: (850) 892-8065

FOR USE BY AGENCY SUBMITTING ONLY: DELETION CODES (check one to remove from registration):
☐ MOVED ☐ DISCHARGED ☐ DECEASED ☐ NO LONGER NEEDS ASSISTANCE