

# Special Medical Needs Registration Form



Brunswick County Emergency Services has developed a computerized registry of people with special medical needs who may require assistance in the event of an disaster. Please fill out the form below and either fax it to 910-754-8247, or mail it to Brunswick County Emergency Services, PO Box 249, Bolivia NC 28422. You may also fill out the online form at the Brunswick County Emergency Services website ([WWW.Brunswickes.com](http://WWW.Brunswickes.com))

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Primary Caregiver \_\_\_\_\_ Caregiver Phone \_\_\_\_\_

Primary Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Pharmacist \_\_\_\_\_ Pharmacist Location \_\_\_\_\_

House \_\_\_\_\_ Apartment \_\_\_\_\_ Mobile Home \_\_\_\_\_ Generator Yes \_\_\_\_\_ No \_\_\_\_\_

What is your primary evacuation plan?

1. Stay with family or others \_\_\_\_\_

2. Stay at home. \_\_\_\_\_ 3. Evacuate to a shelter \_\_\_\_\_ 4. Evacuate County \_\_\_\_\_

Do you have transportation to the shelter \_\_\_\_\_ If not what are your transportation needs?

Car \_\_\_\_\_ Van \_\_\_\_\_ Wheelchair Van \_\_\_\_\_ Ambulance \_\_\_\_\_

Ambulatory \_\_\_\_\_ Cane \_\_\_\_\_ Walker \_\_\_\_\_ Wheelchair \_\_\_\_\_ Bedridden \_\_\_\_\_

Hearing aid \_\_\_\_\_ Glasses \_\_\_\_\_ Speech Impaired \_\_\_\_\_ Contagious Disease \_\_\_\_\_

Life Support \_\_\_\_\_ Insulin \_\_\_\_\_ Dialysis \_\_\_\_\_ Oxygen \_\_\_\_\_

Feeding Tube \_\_\_\_\_ Wound Care \_\_\_\_\_ IV Fluids \_\_\_\_\_ Special Diet \_\_\_\_\_

Ventilator \_\_\_\_\_ Colostomy \_\_\_\_\_ Suction \_\_\_\_\_ Other \_\_\_\_\_

I Certify that the above information is correct. I understand that I am responsible for all expenses associated with medical evacuation and shelter at a medical facility . I hereby grant permission to Brunswick county Emergency Services to release information to other emergency response or human service agencies or officials. I also give law enforcement personnel permission to enter my home in case of an emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_