



EVIDENCE-BASED HEALTH SOLUTIONS, LLC
A service-disabled veteran-owned small business

Pandemic Partners

Pandemic Partners are people who agree to look out for each other during a flu pandemic. They check in with one another regularly, and if one person gets sick, his or her Pandemic Partner helps out with simple but important things like:

- Making sure there is food in the house
- Contacting healthcare providers
- Helping provide care for children or other dependents
- Helping provide care for pets
- Contacting family members
- Picking up medicine from the pharmacy

By filling out and exchanging the information forms below, you and a person you trust can reduce the stress caused by a flu pandemic help each other to make it through the pandemic safely.

How to use the Pandemic Partners Emergency Information Form

Simply fill out the pages marked “Partner A,” and ask your Pandemic Partner to fill in the pages marked “Partner B.” If you prefer to have multiple Pandemic Partners, just print out extra copies of the forms.

If you need more space on any of the pages you can print out extra sheets or edit the word document before printing. Feel free to leave sections blank if they don’t apply to you, or if you aren’t comfortable sharing the information they ask for.

When you and your Pandemic Partner have completed your forms, give each other the pages you’ve filled out and keep them in a safe place.

During a pandemic, contact each other regularly (e.g. once a day) to make sure that all is well. If your Pandemic Partner needs help, use the information from this form to guide you in providing assistance.

Copyright Information

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Pandemic Partners Emergency Information Form

Partner A

Your contact information

Name: _____

Street address: _____

City: _____ State: _____

Zip code: _____

Phone Numbers

Home: _____

Work: _____ Extension: _____

Cell: _____

Internet

Email address #1: _____

Email address #2: _____

Skype user ID: _____

Dietary restrictions, if any (e.g. low sodium, vegetarian, kosher):

Pandemic Partners

Partner A

Emergency contact #1

Name: _____

Relationship to you (e.g. daughter, friend): _____

Street address: _____

City: _____ State: _____

Zip code: _____

Phone Numbers

Home: _____

Work: _____ Extension: _____

Cell: _____

Email

Email address #1: _____

Email address #2: _____

Pandemic Partners

Partner A

Emergency contact #2

Name: _____

Relationship to you (e.g. daughter, friend): _____

Street address: _____

City: _____ State: _____

Zip code: _____

Phone Numbers

Home: _____

Work: _____ Extension: _____

Cell: _____

Email

Email address #1: _____

Email address #2: _____

Pandemic Partners

Partner A

Healthcare providers

Primary healthcare provider contact information

Provider's name (e.g. Dr. Molly Malone): _____

Practice name (e.g. Center City Clinic): _____

Phone number #1: _____ Extension: _____

Phone number #2: _____ Extension: _____

Specialist #1 contact information

Provider's name (e.g. Dr. Molly Malone): _____

Practice name (e.g. Center City Clinic): _____

Phone number #1: _____ Extension: _____

Phone number #2: _____ Extension: _____

Specialist #2 contact information

Provider's name (e.g. Dr. Molly Malone): _____

Practice name (e.g. Center City Clinic): _____

Phone number #1: _____ Extension: _____

Phone number #2: _____ Extension: _____

Pandemic Partners

Partner A

Medications

My pharmacy

Name: _____

Street address: _____

City: _____ State: _____

Zip code: _____

Phone number #1: _____ Extension: _____

Phone number #2: _____ Extension: _____

Important medications

Name (e.g. Lipitor)	Dose (e.g. 10 mg)	Number of times per day

Pandemic Partners

Partner A

Care responsibilities

People you provide care for

Name: _____

Relationship to you (e.g. child, spouse, parent): _____

Street address: _____

City: _____ State: _____

Zip code: _____

Phone Numbers

Home: _____

Work: _____ Extension: _____

Cell: _____

Email

Email address #1: _____

Email address #2: _____

Pandemic Partners

Partner A

People you provide care for

Name: _____

Relationship to you (e.g. child, spouse, parent): _____

Street address: _____

City: _____ State: _____

Zip code: _____

Phone Numbers

Home: _____

Work: _____ Extension: _____

Cell: _____

Email

Email address #1: _____

Email address #2: _____

Pets you care for (e.g. 1 dog, answers to “Rover”):

Pandemic Partners Emergency Information Form

Partner B

Your contact information

Name: _____

Street address: _____

City: _____ State: _____

Zip code: _____

Phone Numbers

Home: _____

Work: _____ Extension: _____

Cell: _____

Internet

Email address #1: _____

Email address #2: _____

Skype user ID: _____

Dietary restrictions, if any (e.g. low sodium, vegetarian, kosher):

Pandemic Partners

Partner B

Emergency contact #1

Name: _____

Relationship to you (e.g. daughter, friend): _____

Street address: _____

City: _____ State: _____

Zip code: _____

Phone Numbers

Home: _____

Work: _____ Extension: _____

Cell: _____

Email

Email address #1: _____

Email address #2: _____

Pandemic Partners

Partner B

Emergency contact #2

Name: _____

Relationship to you (e.g. daughter, friend): _____

Street address: _____

City: _____ State: _____

Zip code: _____

Phone Numbers

Home: _____

Work: _____ Extension: _____

Cell: _____

Email

Email address #1: _____

Email address #2: _____

Pandemic Partners

Partner B

Healthcare providers

Primary healthcare provider contact information

Provider's name (e.g. Dr. Molly Malone): _____

Practice name (e.g. Center City Clinic): _____

Phone number #1: _____ Extension: _____

Phone number #2: _____ Extension: _____

Specialist #1 contact information

Provider's name (e.g. Dr. Molly Malone): _____

Practice name (e.g. Center City Clinic): _____

Phone number #1: _____ Extension: _____

Phone number #2: _____ Extension: _____

Specialist #2 contact information

Provider's name (e.g. Dr. Molly Malone): _____

Practice name (e.g. Center City Clinic): _____

Phone number #1: _____ Extension: _____

Phone number #2: _____ Extension: _____

Pandemic Partners

Partner B

Medications

My pharmacy

Name: _____

Street address: _____

City: _____ State: _____

Zip code: _____

Phone number #1: _____ Extension: _____

Phone number #2: _____ Extension: _____

Important medications

Name (e.g. Lipitor)	Dose (e.g. 10 mg)	Number of times per day

Pandemic Partners

Partner B

Care responsibilities

People you provide care for

Name: _____

Relationship to you (e.g. child, spouse, parent): _____

Street address: _____

City: _____ State: _____

Zip code: _____

Phone Numbers

Home: _____

Work: _____ Extension: _____

Cell: _____

Email

Email address #1: _____

Email address #2: _____

Pandemic Partners

Partner B

People you provide care for

Name: _____

Relationship to you (e.g. child, spouse, parent): _____

Street address: _____

City: _____ State: _____

Zip code: _____

Phone Numbers

Home: _____

Work: _____ Extension: _____

Cell: _____

Email

Email address #1: _____

Email address #2: _____

Pets you care for (e.g. 1 dog, answers to “Rover”):
