



WEST LOS ANGELES UNITED METHODIST CHURCH

1913 Purdue Avenue
Los Angeles, CA 90025
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WLA United Methodist Church Preparedness and Disaster Planning

As a part of the readiness for the church congregants as to individual needs and health information the following Forms are provided to be available in case of emergencies to family, friends and first responders.

Individual Needs Survey and Identification Forms

These forms are to be available on the WLAUMC Website, or available from the church secretary. Cal Pac suggested two planning templates that can be very helpful in planning directed to individuals.

The first template is the **Individual Needs Survey** that will help in identifying those congregants that might need extra help in the event of a disaster.

The second template is the **Individual Identification Information Form** that is used by individuals in their home to aid First Medical Responders in any emergency.

These Forms are not intended to be information collected by the church, but are individual/family information that may be used to provide medical information during EMERGENCIES.

1. INDIVIDUAL NEEDS SURVEY

Name:	Spouse:
Phone Number:	Phone Number:
Cell Number:	Cell Number:
Address:	
Do you live alone?	
Alternate Contact Person and phone number	
Ages of Additional Household Members:	
Do you only speak a foreign language? No Yes Language (if applicable):	Residence Type: () Single Family () Mobile Home () APT () # Floor
Are legally Blind? Deaf? Mute? Aphasic?	Are you homebound? No Yes
Do you use a wheelchair: Always Most of the Time Sometimes	Do you use a walker/cane? Always Most of the Time Sometimes
Do you require a special diet? No Yes	List Special Medical Needs: (ex: homeless, severe cardiac, diabetic on insulin)
Do you rely on electricity for home medical treatments? No Yes	Have you registered with the Country Emergency Department for help in an evacuation? No Yes
Family Physician: Phone Number: Cell Phone:	Emergency Contact: Phone Number: Cell:
Do you have any dogs? Yes No Do you have any cats? Yes No How many: Note: not all shelters allow pets: make alternate arrangements before a disaster.	Do you have transportation in an emergency? No Yes Would you need transportation in an emergency? () Standard Vehicle () Wheelchair access () Ambulance

2. INDIVIDUAL IDENTIFICATION INFORMATION:

FIRST NAME	LAST NAME	M.I.	BIRTHDATE	AGE
HOME ADDRESS				

MEDICAL HISTORY INFORMATION: (Check all that apply and add any other)

<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Congestive Heart Failure (CHF)	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Alzheimer's	<input type="checkbox"/> Dementia (OBS)	<input type="checkbox"/> Parkinson's Syndrome
<input type="checkbox"/> Angina	<input type="checkbox"/> Depression	<input type="checkbox"/> Psychiatric Disorder
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Stroke (CVA)
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Transient Ischemic Attack (TIA)
<input type="checkbox"/> Blind (Legally Blind, PERL)	<input type="checkbox"/> Hyperthyroidism	<input type="checkbox"/> Tuberculosis (TB)
<input type="checkbox"/> Cancer	<input type="checkbox"/> Hypotension	
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Infectious Disease	
<input type="checkbox"/> Cardiac Pacemaker	<input type="checkbox"/> Kidney Failure	
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/> Multiple Sclerosis (MS)	<input type="checkbox"/> Gastric Esophageal Reflux Disorder (GERD)

TREATMENT GUIDELINES:

ADVANCED DIRECTIVES	YES / NO	Do not resuscitate (DNR)
LOCATION:		

MEDICATION LIST: (List medication name only) (Do not include vitamins)

ALLERGIES:

HOSPITAL PREFERENCE (If medically advisable, Patient will be taken to the preferred hospital)

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CONTACT INFORMATION:

CONTACT	NAME	TELEPHONE
PRIMARY DOCTOR		
SPECIALIST		
SPECIALIST		
FAMILY MEMBER		
FACILITY CONTACT		