

TAB B – Emergency Event Communication Tool

Category II Patient Lists - please duplicate this form as necessary and provide to your Parish OEP in the event of an emergency.

Name of Parish: _____

Name of Agency: _____

Address: _____

Signature _____

Title/ Date: _____

Phone: _____ Fax: _____ State License #: _____

Patient Name: _____

_____ ID# _____

Address: _____ City _____ Zip _____

Telephone: _____

Type of Treatment: _____

Patient Name: _____

_____ ID# _____

Address: _____ City _____ Zip _____

Telephone: _____

Type of Treatment: _____

Patient Name: _____

_____ ID# _____

Address: _____ City _____ Zip _____

Telephone: _____

Type of Treatment: _____

Patient Name: _____

_____ ID# _____

Address: _____ City _____ Zip _____

Telephone: _____

Instructions: Please reference Tab A - Section 3 Worksheet for categorizing Special Needs Individuals. This form should be completed per Parish and should only include a listing of Category II patients requesting community assistance. For each client listed, please attach a copy of the Disaster ID Form (Tab C). This information should be provided to the Parish OEP in the event of an imminent emergency.