



My COPD Emergency Information



Call 911 if I have:

- Severe shortness of breath or chest pain
- Blue color in my lips or fingers
- Confusion, disorientation, or difficulty speaking in full sentences



My Emergency Contact Person:

Name: _____

Phone: _____

Email: _____



My Healthcare Providers:

| Healthcare Provider | Name | Phone Number |
|------------------------|------|--------------|
| Primary Care Physician | | |
| Pulmonologist | | |

List any other healthcare providers: _____



My Current Medications:

| Medication Name | Time of Day and Dose Taken | Pharmacy Name and Phone Number |
|-----------------|----------------------------|--------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |



My Medical Conditions and Drug Allergies:

My medical conditions are: _____

My drug allergies are: _____



My Insurance Plans:

Be sure to list your primary medical insurance as well as any supplemental insurance plans.

| Name of Plan | Member ID | Group Number | Contact Number for Healthcare Providers | Contact Number for Member |
|--------------|-----------|--------------|---|---------------------------|
| | | | | |
| | | | | |

Trademarks are owned by or licensed to the GSK group of companies.



©2019 GSK or licensor.
CPUOGM190004 October 2019
Produced in USA.