



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

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