

Emergency Communication 4 ALL Picture Communication Aid

Name: _____

Address: _____

Family Members/Caregiver: _____

Emergency Contact: _____

WHO 	I, me, my 	I understand 	need 	food/drink 	walker 	battery 	emergency 911	service animal 	Allergy: <input type="checkbox"/> yes <input type="checkbox"/> no			
WHERE 	you, yours 	scared 	can't breathe 	bathroom 	wheelchair 	money 	broken 	I can't speak, but I can hear you.	I can spell my replies. Please be patient.	I will point to where I hurt.		
WHAT 	she, her 	I don't understand 	help 	keys 	cane 	phone 	transportation 	0	1	2	3	4
WHEN 	he, him 	good 	hot 	bed 	hearing aid 	computer 	snow 	5	6	7	8	9
WHY 	they, them, their 	quiet 	headache 	clothes 	oxygen 	home 	fire 	A	B	C	D	E
YES 	we, ours 	sick 	cold 	medication 	glasses 	shelter 	rain/flood 	F	G	H	I	J
information, ID 	family 	loud 	pain 	blanket 	communication device 	hospital 	wind 	K	L	M	N	O
NO 	pet 	lost 	STOP 	follow 	charge 	leave, evacuate 	GO 	P	Q	R	S	T
								U	V	W	X	Y
								Z	?	.	!	SPACE

Pain Scale

0 1 2 3 4 5 6 7 8 9 10

no moderate severe