

Emergency Plan Log	Checklist
Succinct History of Emergency / Episode:	<input type="checkbox"/>
Contact NMOSD Treating Neurologist:	<input type="checkbox"/>
Contact NMOSD NP / PA Specialist:	<input type="checkbox"/>
Current Treatment Information:	<input type="checkbox"/>
Date of Most Recent Treatment Dosing:	<input type="checkbox"/>
Adverse Effects of Recent Treatment:	<input type="checkbox"/>
Fever or Other Signs of Infection:	<input type="checkbox"/>
Recent Travel / Exposure History:	<input type="checkbox"/>
List of Other Therapeutics Used:	<input type="checkbox"/>
Updated Disease Comorbidity(ies):	<input type="checkbox"/>
Emergency Transportation Plan:	<input type="checkbox"/>
Emergency / Urgent Care Center:	<input type="checkbox"/>
Emergency Family / Caregiver Contact:	<input type="checkbox"/>
Other Important Emergency Information:	<input type="checkbox"/>

Date Updated: _____



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