



For - \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

## Caring For Loved Ones ~ What I Need To Know

*In Case of Emergencies Call*

Who should be contacted if you cannot make medical or other decisions?

	NAME	PHONE #
<b>#1</b>		
<b>#2</b>		
<b>MEDICAL</b> Power of Attorney <sup>1</sup> <input type="checkbox"/>		
<b>FINANCIAL</b> Power of Attorney <input type="checkbox"/>		
HIPPA Releases		
OTHER <sup>2</sup>		

Who do you talk to frequently? (Someone who would notice if they lost touch with you.)

NAME	RELATIONSHIP	PHONE #

Who lives nearby? (Someone who could be called to check in to make sure you are alright.)

NAME	RELATIONSHIP	PHONE #

<sup>1</sup> If Power of Attorney has been executed mark the check box.

<sup>2</sup> List people who should be called first. Prayer support, Family, Someone who will come be with you at the hospital, etc.

Who are your physicians? (They should each have a copy of any HIIPA Releases in your chart.)

NAME	SPECIALTY	PHONE #
	Dental	
	Vision	

Do you have any medical conditions you are tracking?

ILLNESS	SYMPTOMS	WHEN HELP IS NEEDED

Do you have a preferred hospital?

HOSPITAL	ADDRESS	PHONE #

Who provides you with spiritual support?

(church, synagogue, temple, other organization or person)

NAME	TITLE	PHONE #

Other important numbers ~

NAME	TITLE	PHONE #