

Important Personal Information

Losing track of a loved one's key personal information can be a major source of stress for caregivers. By keeping all the most important medical, legal, and financial details in one document, you can rest assured that you and your loved one won't have to scramble to find it or remember it during a crisis. Once you've filled out the form, keep it in a handy but secure place and update it regularly.

Name: _____ Date: _____

Address: _____ SSN: _____

| Health and Medical Insurance | |
|--|--|
| Medicare Number | |
| Medicare Supplement | |
| Medicare Advantage Plan (if applicable) | |
| Medi-Cal Number | |
| Disability Information | |
| Long Term Care Insurance | |

| Doctors | | | |
|-----------|-----------|-----------|-----------|
| | Doctor #1 | Doctor #2 | Doctor #3 |
| Name | | | |
| Specialty | | | |
| Address | | | |
| Phone # | | | |

| Dentists | | |
|----------|---------|--------------|
| Name | Address | Phone Number |
| | | |
| | | |

| Other Health Care or In-Home Care Providers | | |
|---|---------|--------------|
| Name | Address | Phone Number |
| | | |
| | | |
| | | |

| Current Medications - Prescription and Over-the-Counter | | |
|---|--------------------------|---------------|
| Name of Drug | Dosage / How Often Taken | Prescribed By |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Legal and Financial Information - Location of Documents | |
|---|--|
| Will | |
| Trust | |
| Power of Attorney | |
| Advance Health Care Directive | |
| Birth Certificate | |
| Divorce Decree | |
| Property Deeds | |
| Safe Deposit Box | |
| Location of Keys | |
| Other Documents | |
| | |
| | |

| Sources of Income | |
|--------------------|----------------|
| Income | Monthly Amount |
| Social Security | |
| Retirement/Pension | |
| | |

| Bank Accounts | | |
|---------------|--------------|----------------|
| Type | Name of Bank | Account Number |
| Checking | | |
| Savings | | |
| | | |

| Investments | | | |
|------------------------|-----------------------|--------------|------------------------------|
| Type | Institution or Broker | Phone Number | Location of Acct. Statements |
| Stocks | | | |
| Bonds | | | |
| Annuities | | | |
| Cert of Deposits (CDs) | | | |
| Mutual funds | | | |
| IRAs | | | |
| Money Market | | | |
| Other | | | |
| | | | |

| Name of Accountant/Broker/Financial Planner | | |
|--|---------|--------------|
| Name | Address | Phone Number |
| | | |
| | | |

| Insurance | | |
|-------------------|------------------|--------------------|
| Type | Company or Agent | Location of Policy |
| Life | | |
| Homeowners/Rental | | |
| Liability | | |
| Automobile | | |
| | | |
| | | |

| Funeral/Burial Instructions |
|------------------------------------|
| |
| |
| Clergy |
| |
| |

| Close Friends/Neighbors | | |
|--------------------------------|---------|--------------|
| Name | Address | Phone Number |
| | | |
| | | |
| | | |