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 Me | edical Insurance | | | | | | |
| Medicare Num | ber | | | | | | |
| Medicare Supplement | | | | | | | |
| Medicare Advantage Plan (if applicable) | | | | | | | |
| Medi-Cal Num | ber | | | | | | |
| Disability Infor | rmation | | | | | | |
| Long Term Ca | re Insurance | | | | | | |
| | | | | | | | |
| Doctors | | | | | | | |
| | Doctor #1 | | Doctor #2 | | Doctor #3 | | |
| Name | | | | | | | |
| Specialty | | | | | | | |
| Address | | | | | | | |
| Phone # | | | | | | | |
| | 1 | | 1 | | | | |
| Dentists | | | | | | | |
| Name | | Address | | | | Phone Number | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Other Health | Care or In-Home Care | Providers | | | | | |
| Name | | Address | Address | | | Phone Number | |
| | | | | | | | |
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| | | | | | | | |

| Current Medications - Prescription and Over-the-Counter | | | | | | | | |
|---|-------------------|----------------|---------------|---------------|--|--|--|--|
| Name of Drug | | Dosage / How | Often Taken | Prescribed By | | | | |
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| Legal and Financial Information - Location of Documents | | | | | | | | |
| | Will | | | | | | | |
| Trust | | | | | | | | |
| Power of Attorney | | | | | | | | |
| Advance Health C | are Directive | | | | | | | |
| Birth Certificate | | | | | | | | |
| Divorce Decree | | | | | | | | |
| Property Deeds | | | | | | | | |
| Safe Deposit Box | | | | | | | | |
| Location o | of Keys | | | | | | | |
| Other Documents | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Sources of Income | | | | | | | |
| Income Social Security | | Monthly Amount | | | | | | |
| Retirement/Pension | | | | | | | | |
| Retirement/ Pension | | | | | | | | |
| | | | | | | | | |
| Bank Accounts | | | | | | | | |
| Туре | Name of Bank | | Account Numbe | er | | | | |
| Checking | | | | | | | | |
| Savings | | | | | | | | |
| | | | | | | | | |
| | 1 | | | | | | | |

| Investments | | | | | | | | | |
|---|---------|------------------------------|---|------------------------------|--------------------|--|--|--|--|
| Туре | Institu | ution 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 | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Incluyed as | | | | | | | | | |
| Insurance Type | | Company or Agent | | | Location of Policy | | | | |
| Life | | Company of Agent | | | Action of Folloy | | | | |
| | | | | | | | | | |
| Homeowners/Rental | | | | | | | | | |
| Liability | | | | | | | | | |
| Automobile | | | | | | | | | |
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| Funeral/Burial Instructions | | | | | | | | | |
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| Clergy | | | | | | | | | |
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| Close Friends/Neighbors | | | | | | | | | |
| Name | | Address | | | Phone Number | | | | |
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