**Personal Information**

Date:

Name:

Age:

Birthday:

Social Security Number:

Diagnoses:

Address:

Phone Number:

Height:

Weight:

Special Equipment / Devices:

Allergies:

Blood Type:

Foods Not Allowed:

**Insurance & Medical Information**

Medicaid Number:

Phone Number:

Medicare Number:

Phone Number:

Primary Insurance & Number:

Phone Number:

Supplemental Insurance & Number:

Phone Number:

**Medical Care Providers**

Doctor:

Address:

Phone Number:

Specialty Doctor(s):

Address:

Phone Number:

Hospital Affiliation:

Address:

Phone Number:

Other Health Care or In-Home Care Provider:

Phone Number:

Current Medications & Dosage:

**Legal & Financial Information**

Location of important papers and documents:

Will:

Power of Attorney:

Durable Medical Power of Attorney:

Birth Certificate:

Divorce Decree:

Property Deeds:

Safe Deposit Box:

Location of Key (s):

Other Documents:

**Sources of Income**

Monthly Income:

Social Security:

Retirement / Pension:

**Bank Accounts:**

Name of Bank:

Account Number:

Checking:

Savings:

Address:

Phone Number:

**Investments**

Institution or Broker:

Phone Number:

Location of Account Statements:

Stocks:

Bonds:

Annuities:

CDs:

Mutual Funds:

IRA’s:

Money Market:

Other:

**Accountant/Broker/Financial Planner**

Name:

Address:

Phone Number:

**Types of insurance**

Life:

Disability:

Long Term Care:

ElderGap:

Dental:

Homeowners / Rental:

Liability:

Automobile:

**End of Life Information**

Funeral Pre-Planning:

Funeral / Burial / Cremation / Memorial Arrangements:

Clergy:

Florist:

Music / Songs:

Newspaper / Obituary:

People to be Contacted: