

Medical Care Planner

❖ Copies of Key Personal Information:

- Medical Insurance Card & Medicare Card
- Red Cross Blood Donor Card or Blood Type
- Driver's License & Social Security Card
- Military Service ID
- Cards/ID for Special Conditions (ie. Diabetic, Alzheimer's, Allergies, Pacemaker)

❖ Family Contacts

Names

Phone #'s

E-mail

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

❖ Doctor's Contact Information:

Names

Phone #

Specialties

Address/Hospital

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

❖ **Medical Conditions**

<u>Condition</u>	<u>Physician</u>	<u>Date</u>	<u>Diagnosis / Treatment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

❖ **Medications**

<u>Name</u>	<u>Dosage</u>	<u>Purpose</u>	<u>Start Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

❖ **Home Health Care Summary**

<u>Date</u>	<u>Provider</u>	<u>Health</u>	<u>Medical Issues or Visits</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

❖ **Power of Attorney, Living Will, and Medical Directive Documents**