

Important Personal & Medical Information

Date Completed or Revised: _____

Full Legal Name		Phone Number (cell or landline) Address								
Date of Birth	Social Security Number and/or Medicare and Insurance ID Number	Medical Insurance Company Name Phone Number								
<p>Emergency Contact Information <i>(write information about other family members to contact in an emergency on the back of this sheet)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name (Relationship) of Primary contact</td> <td style="width: 50%;">Name (Relationship)</td> </tr> <tr> <td>Home Telephone Number</td> <td>Home Telephone Number</td> </tr> <tr> <td>Business Telephone Number</td> <td>Business Telephone Number</td> </tr> <tr> <td>Cell Telephone Number</td> <td>Cell Telephone Number</td> </tr> </table>			Name (Relationship) of Primary contact	Name (Relationship)	Home Telephone Number	Home Telephone Number	Business Telephone Number	Business Telephone Number	Cell Telephone Number	Cell Telephone Number
Name (Relationship) of Primary contact	Name (Relationship)									
Home Telephone Number	Home Telephone Number									
Business Telephone Number	Business Telephone Number									
Cell Telephone Number	Cell Telephone Number									
Doctor's Name		Doctor's Phone Number/Address								
Hospital Preference/Phone Number		Location of Advance Directives (Medical Power of Attorney and/or Living Will. <i>Take to hospital, if available. Enter into medical records.</i> Where are other legal documents: Power of Attorney, Will, other?								

See Page 2 for Lists of Medications, Allergies, and Medical History

Medications, Over-The-Counter Drugs and Herbal Remedies (Name and Dosage)	
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____
Allergies To Medications	
Medical History, i.e. Diabetes, Seizure Disorder, etc.	
Other Important Information	

Directions for Completing and Using this Important Personal & Medical Information Checklist

1. Enter information on this checklist. One form per family member. Go to familycaregiversonline.com to download electronic copy.
2. Update as information changes, especially medications or insurance information.
3. The individual, family caregivers and other family members need to keep a copy with them at all times.
4. Store the completed checklist and copies of documents such as medical powers of attorney, wills, and other important documents in a clearly labeled large medicine vial, envelope, or storage/freezer zip bag.
5. Store this information in a safe and accessible location: butter keeper of refrigerator, refrigerator door, or freezer. Place something on the refrigerator, other storage, or front door: Important Medical and Emergency Information.
6. Inform family members, home health aides, and others who may need to have access to the information. *Rescue workers often look in the kitchen on or inside refrigerators or in freezers for important information. Having this information compiled in one place will simplify access to health and human services when you need them.*

From caregiver curriculum of area agency on aging. For more information, visit www.familycaregiversonline.net