

Write your name here: _____

Personal & Health Care Information Checklist

You'll be glad you have completed your Personal & Health Care Information Checklist. Once you have filled it out in detail, you will have a record where important documents are kept and it will save you time in case of an emergency.

This checklist is a great tool for you. It will assist your children or other responsible persons caring for you in time of emergency. It will help them understand your wishes by helping find important documents like medical records, living wills, advance directives, and financial records. At some time you will need all this information, so it is easier to do now and avoid frustration later if there is a crisis.

Keep copies for yourself and give them to your family or responsible persons.



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**A Program of the
Capital Area Council of
Governments**

ELDER CARE PLANNING CHECKLIST

Date: _____

Name: _____

Social Security Number: _____

Health and Medical Care

Medicare Number _____

Medicaid Number _____

Doctors:

Name _____

Specialty _____

Address _____

Phone Number _____

Other health care or in-home care provider:

Name _____

Address _____

Phone Number _____

Dentists:

Name _____

Address _____

Phone Number _____

Current Medications:

<u>Name of Drug</u>	<u>Dosage</u>	<u>How Often Taken</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Legal and Financial Information

Location of important papers and documents:

- Will _____
- Living Will _____
- Power of Attorney _____
- Medical Power of Attorney _____
- Health Care Proxy _____
- Birth Certificate _____
- Divorce Decree _____
- Property Deeds _____
- Safe Deposit Box _____
- Location of Keys _____

Other Documents:

Sources of Income:

Monthly Amount:

Social Security	_____
Retirement/pension	_____
Other:	_____
_____	_____
_____	_____

Bank Accounts:

	<u>Name of Bank</u>	<u>Account Number</u>
Checking	_____	_____
Savings	_____	_____

Investments:

	Institution or Broker	Phone Number	Location of Account Statements
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Annuities	_____	_____	_____
Certificates of Deposit (CDs)	_____	_____	_____
Mutual Funds	_____	_____	_____
IRAs	_____	_____	_____
Money Market	_____	_____	_____
Other	_____	_____	_____

	Accountant	Broker	Financial Planner:
Name	_____	_____	_____
Address	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Phone Number	_____	_____	_____

Insurance:

	Company or Agent	Location of Policy
Life	_____	_____
Health	_____	_____
Medigap	_____	_____
Disability	_____	_____
Long Term Care	_____	_____
Dental	_____	_____
Homeowners	_____	_____
Liability	_____	_____
Automobile	_____	_____

Funeral/Burial Instructions:

Clergy:

Close Friends/Neighbors:

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Other Information:
