

QUICK SUMMARY

This is a simple outline of information about your loved one that might be needed during a time you are not able to care for him/her.

Name:		Date of birth:
Address (street, city, state, zip):		
Guardianship Status*		Durable Medical Power of Authority**
Name:		Name:
Contact phone #:		Contact phone #:

* If your family member is his/her own guardian put "NONE"

**Not needed if there is guardian.

Social Security #:	
Medicaid #:	
Medicare #:	
Other insurance name & #:	

Important Phone Numbers

Family / Friends	
1	Phone #:
2	Phone #:
3	Phone #:
Medical Providers	
Primary care doctor:	Phone #:
Specialist:	Phone #:
Dentist:	Phone #:
Service Coordinator	
Name:	Phone #:
Attorney	
Name:	Phone #:
Day Activity—school / workshop / job/ day care / program	
	Phone #:
Hospital of Choice	
	Phone #:

For police, fire, ambulance EMERGENCIES dial 911!

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Favorite Foods / Drinks / Meals:

On-Going Medical Issues:

Adapted/Medical Equipment:

Include purpose, how-to-use, & location in description

Wake Up and Sleep Times:

Wake up time:	Bed time:
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Special Likes:	Special Dislikes:
1	1
2	2
3	3
4	4

Other Important Instructions or Information:
