

# Health Event and Medical Information Worksheet

An accident, injury, or diagnosis of a serious illness can demand quick decisions under stressful circumstances. Collecting and sharing important information, and making your wishes and those of your loved ones known, can help make a difficult situation easier to manage.



## Personal Information

<input type="text"/>
<i>First and last name</i>
<input type="text"/>
<i>Address 1</i>
<input type="text"/>
<i>Address 2</i>
<input type="text"/>
<i>Telephone/email 1</i>
<input type="text"/>
<i>Telephone/email 2</i>
<input type="text"/>
<i>SSN</i>

## Access to Key Information

WHERE IS IT?

<b>LEGAL IDENTIFICATION</b> <i>Driver's license, government-issued ID card, passport</i>	<input type="text"/>
<b>DONOR REGISTRATION</b> <i>Organ donor preference card</i>	<input type="text"/>
<b>INSURANCE CARDS</b> <i>Private insurance, Medicare supplement</i>	<input type="text"/>
<b>HOME</b> <i>Keys, address, security codes, phone numbers</i>	<input type="text"/>
<b>VEHICLES</b> <i>Make, model, color, location, license plate number</i>	<input type="text"/>
<b>SAFETY DEPOSIT BOX</b> <i>Name of institution, address, keys</i>	<input type="text"/>

## Medical Documents

ITEM LOCATION/ NOTES

### HIPAA AUTHORIZATION

*Gives permission to use your health information for certain purposes*

### HEALTH CARE PROXY

*Names a person to make medical decisions for you if you can't*

### LIVING WILL

*Instructions on the kind of care you want to receive, including whether or not you want to receive life support*

### HOSPITAL VISIT AUTHORIZATION FORM

*Ensures visitation rights for those who might not meet a hospital's definition of family member*

### DO-NOT-RESUSCITATE (DNR) ORDER

*Lets medical personal know that you do not want them to perform certain procedures to prolong your life*

### MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT (MOLST)

*Allows you to request or refuse specific types of medical care that a do-not-resuscitate (DNR) order doesn't cover*

## Caregiving & Support

INFORMATION/ NOTES

### DISCHARGE SUMMARY

*Summarizes your condition, treatment, and next steps after being discharged from the hospital*

### CARE PLAN

*Outlines the help you may need and who will provide it, including care at home, managing medications, and getting to medical appointments*

### SPECIAL INSTRUCTIONS

*Guidance on how to use medical equipment, how to care for wounds, and how to manage medications*

### SUPPORT

*Names and numbers of agencies and individuals who can provide medical, emotional, and caregiving support*

### OTHER RESOURCES

*Names and contact information for local, regional, and national organizations that can provide information, education, and support*

## Discharge Care

### WHO WILL PROVIDE CARE?

NAME	WHAT WILL THEY DO?

### MEDICATIONS

PRESCRIPTION INFO	NOTES

### FOLLOW-UP APPOINTMENTS & TESTS

SCHEDULING	APPOINTMENT DETAIL

## Financial Docs

### ITEM LOCATION/ NOTES

POWER OF ATTORNEY <i>Authorizes someone to make financial decisions if you are incapacitated</i>	
WILL <i>Describes how property should be distributed and minor children cared for</i>	
LETTER OF INTENT <i>Clarifies the motivation for the distribution of property</i>	

## Advisors

### NAME/CONTACT INFO

ATTORNEY	
CPA	
FINANCIAL ADVISOR	
PRIMARY CARE DOCTOR	
SURGEON	
SPECIALIST #1	
SPECIALIST #2	
SPECIALIST #3	
PHARMACIST	
FRIEND	
NEIGHBOR	
RELATIVE	
OTHER	

