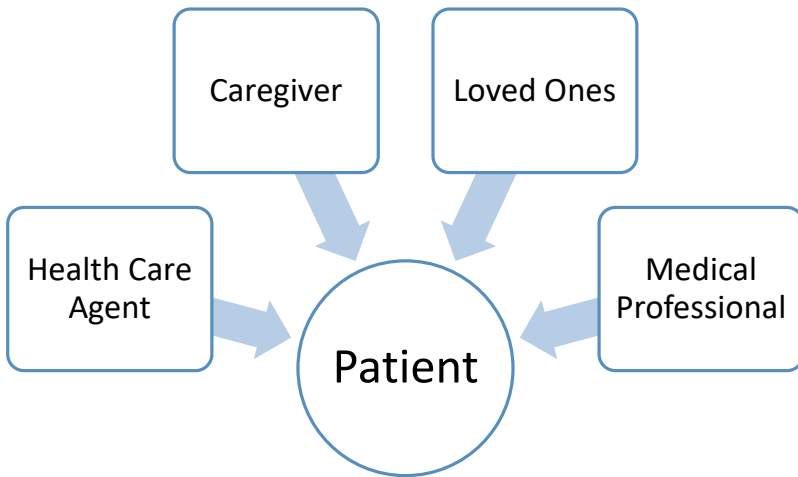
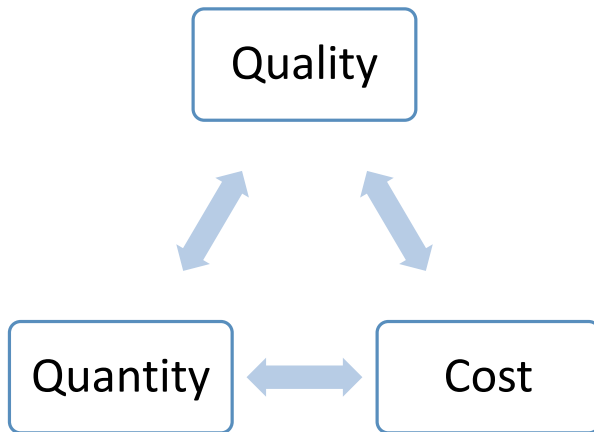


ADVANCE DIRECTIVES: SPOTLIGHT ON HEALTH CARE AGENTS



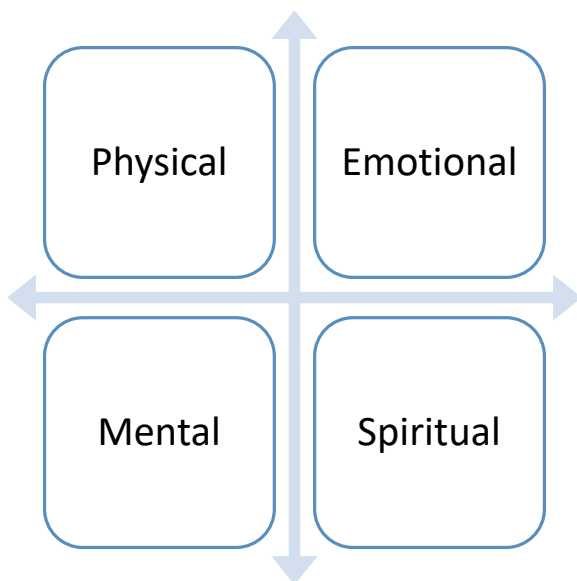
Put names to the roles.



#1 _____

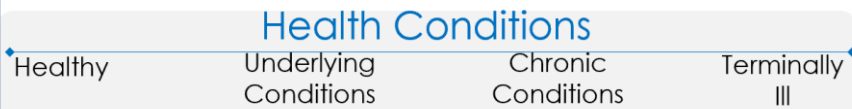
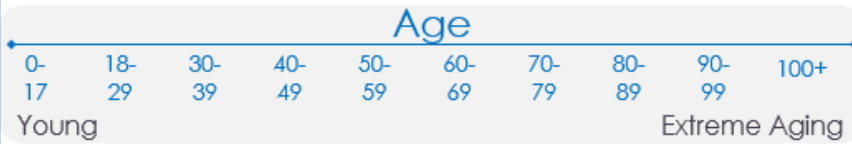
#2 _____

#3 _____

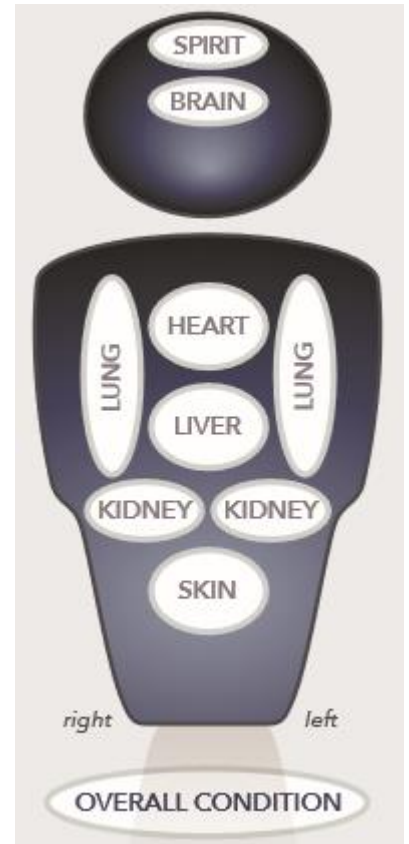


What's your acceptable balance?

ADVANCE DIRECTIVES: SPOTLIGHT ON HEALTH CARE AGENTS



Notes:



FOCUS ON THE MAJOR ORGANS

Color code the status:

GREEN = Not taking any medications

YELLOW = Controlled with medications

RED = Medications not working

ADVANCE DIRECTIVES: SPOTLIGHT ON HEALTH CARE AGENTS

PATIENT BASICS

- Name
- Address
- City, State, Zip
- Phone
- Email
- Date of Birth
- Social Security Number (if required)

ADVANCE CARE PLAN / HEALTH CARE DIRECTIVE

- Health Care Agent(s) information (Contact Information)
- Life Support options approved / not approved

INSURANCE - MEDICAL

- Carrier Name
- Group # / Plan #
- Phone #
- Patient ID #
- Name of policy holder
- In Network / Out of Network
- Deductibles / Co-Insurance
- Referrals needed or not

ADDITIONAL INSURANCE TO BE CONSIDERED

- Secondary Medical
- Prescription Drug
- Disability: Long term / Short Term
- Vision or Dental
- Long Term Care
- Workman's Compensation
- Auto / Homeowners

MEDICAL TEAM BASICS

- Name of Medical Provider
- Address
- City, State, Zip
- Type:
 - General practitioner
 - Specialty Care
 - Dental
 - Vision
 - Pharmacy
 - Other:

MEDICATION: PRESCRIPTION AND OVER THE COUNTER

- Name of Drug / Medicine
- Prescribed By (Provider)
- Filled By (Pharmacy)
- Dosage / Frequency Taken
- Patient Experienced Side Effects

(Nice to have or know where to find this information **BEFORE** a medical event)

ADDITIONAL NOTES: