

Health and Medical Information



Update this document to keep all pertinent information about your elderly loved one's health readily available. Print out a copy to keep everyone on your care team up to date.

Full Name: _____ Date of Birth: _____

Address: _____

Living Environment

Living Independently Living with Family Assisted Living Skilled Nursing Facility

Primary Health Insurance

Company: _____ Phone: _____ Policy #: _____

Secondary Health Insurance

Company: _____ Phone: _____ Policy #: _____

Emergency Contacts

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Known Allergies: _____

Physician Name	Specialty	Phone
	Primary Care	

Recent Hospitalizations	Date

Surgical Procedures	Date

Legal Forms and Documents

POLST (Physician Orders for Life-Sustaining Treatment)

Original document location:

Copy of POLST is on medical record at the following provider office:

DNR (Do Not Resuscitate)

Original document location:

Advance Directive

Original document location:

Medical/ Healthcare POA

Original document location:

POA Name: