HEALTHY LIVING

MEDICAL EMERGENCY DATA

PERSONAL INFORMATION

Name:	Insurance compar
	Member ID:
Address:	Other Med. Ins.:
Date of birth:	Member ID:
Religion:	Medicare#:
Living will on file at:	Medi-Cal#:
Advanced Medical Directive files at:	MEDICAL DA
	Doctor phone:
Do you have an EMS-NO CPR Directive form?	Doctor phone:
Yes No	Blood type:
Where is it located?	Medical conditions
	Recent surgeries (
EMERGENCY CONTACTS	

PRIMARY CONTACT

Name:
Phone:
Address:
Relation:
SECONDARY CONTACT
Name:
Phone:
Address:
Relation:

MEDICAL INSURANCE

Insurance company:	
Member ID:	
Other Med. Ins.:	
Member ID:	
Medicare#:	
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ATA

(Include date):

MEDICATIONS

Medication	Dosage	Frequency

Allergies:_____

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ALLERGIES and CONDITIONS

Do you have allergies or medical conditions that might affect your healthcare? Make sure emergency medical workers know about allergies and medical conditions by filling out the chart below.

(Include foods, seasonal allergies, and/or medications and conditions, such as heart problems, diabetes, arthritis, respiratory issues, etc.)

PERSONAL INFORMATION

 IMPORTANT INFORMATION FOR:

 Address:

 Date of birth:

Phone:

ALLERGIES/ CONDITIONS	SIGNS/ SYMPTOMS	MEDICATION	EMERGENCY TREATMENTS OR OTHER IMPORTANT INFORMATION

HEALTHY LIVING



MEDICATION TRACKER

When you keep track of your loved one's medicine intake, it helps prevent accidents. Show this list to doctors and dentists so they can watch out for interactions and side effects.

Make sure you update this list after every doctor or dentist visit. You can also make copies of this list for relatives or caregivers who are involved with vour loved one's care.

List all medicines, including: Prescribed drugs, Over-the-counter (OTC) products, vitamins, herbal products, and other supplements.

PERSONAL INFORMATION

IMPORTANT INFORMATION FOR: Address:

Date of birth: _____ Phone:____

MEDICATION	DESCRIPTION	DOSE	DOSE INSTRUCTIONS	PRESCRIBED BY OR OTC
Example: Ibuprofen	Round, Orange Pill	200 mg	Take 2 tabs each morning with food	Dr. Jones

HEALTHY LIVING

LEGAL, FINANCIAL & ESTATE PLANNING

Protect yourself and your family with an effective legal and financial estate plan. The checklist below can help you get started.

Select the best professional advisor for you:

- □ Interview multiple advisors
- □ Choose one who specializes in your needs
- □ Verify their credentials(LE~C SA, J.D.C, PAM, BA)

For a comprehensive estate plan you will need the following:

Estate Documents	Financial Documents
□ Will	□ Investments
□ Trust	□ Insurance
Power of attorney for finances	□ Bank and credit cards
Power of attorney for healthcare	🗆 Real property list
□ Advanced Health Care Directive (AHCD)	Deeds to real property
□ Conservatorship	Credit report
□ HIPAA authorization	🗆 Tax returns
□ Military service record	🗆 Retirement plan

Notes:	

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