

Caregiver Emergency Personal Data Sheet

NAME: _____ AGE: _____

ADDRESS: _____

PHONE #: _____ DATE OF BIRTH: _____ SSN #: _____

LOCATION OF IMPORTANT DOCUMENTS (BIRTH CERTIFICATE, MARRIAGE CERTIFICATE, PASSPORT, FINANCIAL RECORDS, ETC.): _____

LOCATION OF KEYS: _____ INSTRUCTIONS FOR CARE OF DEPENDENTS, PETS, HOME (LOCATION): _____

FELDMAN, KRAMER & MONACO, P.C. – 1.800.832.5182

LOCATION OF WILL: _____ ELDERLAW ATTORNEY NAME & PHONE #: _____

ACCOUNTANT INFORMATION: _____ FINANCIAL PLANNER: _____

YES / NO

MEDICARE #: _____ DO NOT RESUSCITATE: _____ SAFE COMBINATION: _____

COMPUTER PASSWORD: _____ PHONE PASSWORD: _____ HOME ALARM PASSWORD: _____

YES / NO

PACEMAKER & MODEL NUMBER: _____ GLASSES: _____ (PET) VETERINARIAN & PHONE #: _____

EMERGENCY CONTACT

PRIMARY: _____

SECONDARY: _____

FAMILY & HEIRS

SPOUSE: _____

NUMBER OF CHILDREN: _____ NAMES: _____

MEDICAL INFORMATION

PHYSICIANS NAME / CONTACT INFORMATION:

PHARMACY / CONTACT INFORMATION:

LAST HOSPITALIZATION:

DAILY MEDICATIONS:

PREFERRED HOSPITAL OR REHABILITATION CENTER:

LOCATION OF MEDICAL RECORDS:

ALLERGIES:

CONDITIONS YOU HAVE BEEN TREATED FOR IN THE PAST:

FUNERAL AND BURIAL INFORMATION

BURIAL INSURANCE POLICY: COMPANY / POLICY NUMBER / AGENT / PHONE #

FUNERAL HOME: ADDRESS / DIRECTOR / PHONE

CEMETERY: ADDRESS

BANKING INFORMATION

PRIMARY CHECKING ACCOUNT NAME:

PRIMARY SAVINGS ACCOUNT NAME:

FINANCIAL PLANNER:

ADDRESS & PHONE #:

SAFE DEPOSIT BOX INFORMATION: NUMBER / KEYS / CONTENTS

INSURANCE INFORMATION

LIFE INSURANCE POLICY: AGENT / PHONE #

COMPANY:

POLICY NUMBER:

MEDICAL INSURANCE:

POLICY NUMBER:

HOME OWNERS INSURANCE POLICY:

COMPANY:

POLICY NUMBER:

CHECK ALL THAT APPLY: VETERAN HEALTHCARE PROXY LIVING WILL POWER OF ATTORNEY WILL