Patient Medical Notebook

For Patients, Their Families and Caregivers for Improved Care, Communication and Compassion



Care and Choice at the End of Life

Important Information

Patient's name and contact information:		
People to call in	case of emergency:	
Name:		
Phone #:	Relationship:	
Name:		
Phone #:	Relationship:	
Charle VES or N	O for the following medical directives:	
	No, I DO NOT have an advance healthcare will. Advance directives are kept here:	
	No, I DO NOT have a healthcare ough a power of attorney for healthcare.	
my doctor about a	or No, I HAVE NOT had a discussion with an out-of-hospital Do Not Resuscitate (DNR) Orders for Life-Sustaining Treatment (POLST), I planning.	
Allergies/seriou	s medical conditions:	

Medical Contacts, Insurance Co. & Pharmacy

Insurance name(s), identification # & phone #:
1
2
3
Pharmacy name(s), location & phone #:
1
2
Doctor name(s), specialty, location & phone #:
1
2
3
4
5
Other frequently called numbers: This could include medical transport numbers, the cell numbers of caregivers, neighbors who help with respite care, medical supply services, etc.

Questions for Care Providers

doctor visit.	or writing down questions to be asked at the next h	

To Do List	

Date:
Medical Provider:
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Dose:
Notes:
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Test Results	

Notes			

Notes			



Compassion & Choices improves care, expands options, and empowers everyone to chart their end-of-life journey.

To print state-specific advance healthcare directive forms and checklists for healthcare planning, visit us at: CompassionAndChoices.org





CompassionAndChoices.org