

What Your Spouse Should Know if *Something* Happens to You

MEDICAL INFORMATION Continued

Providers

Preferred Hospital _____ Phone _____

Primary Care Physician _____

Phone _____ FAX _____

Address _____

Medical Insurance

Medicare # _____ Medicaid # _____

Company Name _____ Phone _____

Name of Insured _____ Card # _____

Conditions (Diabetes, Epilepsy, Etc.)

Medical Directives

Do Not Resuscitate _____

Document Location _____

Medical Power of Attorney _____

Document Location _____