

MY



**CARE
COMPANION**

ALWAYS

Ask these 3 questions of the physician

**1. What is my main
problem?**

**2. What do I need to
do?**

**3. Why is it important
for me to do this?**

Personal Contact Information

NAME _____

PHONE **HOME** **CELL** **WORK**

ADDRESS _____

BIRTH DATE _____

It is very important to create a phone list of the people that are part of your life.

These may include:

- Home, work, and cell numbers for family and friends
- Numbers for your children's schools, day care, before and after school care or babysitters
- Contacts for your religious community
- Numbers for people you need to keep informed at work



You may have many of these numbers memorized or programmed into your phone. It helps to have them in a convenient place for you and your family.

IMPORTANT CONTACTS:		
Emergency Contacts		
Name	Phone	Relationship
Pharmacy Name		
Primary Care Doctor		
Other Doctors		Treated for:
Hospital Name		
Medical Insurance		Group Number
Advanced Directive	Yes	No
Other/Personal Names	Phone	Relationship



CARE COMPANION

SURGICAL HISTORY

BOTH INPATIENT AND OUTPATIENT

TYPE OF SURGERY	REASON FOR SURGERY	APPROX DATE OF SURGERY	WHERE WAS SURGERY DONE

HOSPITALIZATION HISTORY

REASON	DATE	HOSPITAL

CARE COMPANION

Family History

List any blood relatives who have had one or more of the following conditions: Heart disease, lung disease, diabetes, hypertension, bleeding disorder, cancer, high cholesterol, depression, alcohol/drug abuse, or mental illness:

Family Member	Age	Medical Conditions	If deceased, age at time of Death	If deceased, cause of Death
Father				
Mother				
Mother's Mother				
Mother's Father				
Father's Mother				
Father's Father				
Sister				
Sister				
Sister				
Sister				
Brother				
Brother				
Brother				
Brother				

