

# Information Checklist

## Personal Information

- Spousal Information (Married, Widowed/Widower, Divorced, Remarried)
- Children (Address, Phone #)
- Other Significant Relatives/Friends
- Primary Language
- Religious Affiliation
- Organ Donation
- Military ID #
- Military Branch of Service
- Drivers License #
- Transportation Provider

## Contacts: (Names, Telephone # & Address)

- Primary Contact
- Doctors, Primary Care Physician, Network Affiliation
- Attorney
- Power of Attorney
- Executor of Estate
- Accountant
- Present Employer
- Prepaid Burial/Funeral Home
- Personal Care Attendants/Homecare Agency

## Health Record

- Present Medical Conditions
- Previous Hospitalizations /Surgeries
- Blood Type
- Food Allergies/Sensitivities, Medication Allergies
- Vision/Hearing Equipment
- Health Screenings, (Date and Results)

**Example: Blood Pressure, Cholesterol, Diabetes, Flu Shots**