## **My Emergency Care Plan**

Inform	ation	<b>About</b>	Me

**Date Completed** 

Name Birth date	Address
My Communication Needs 	My Support Person Name Phone Email Relationship to Me
My Medical Equipment	My Advance Care Directive I have (1) signed an Advance Health Care Directive, (2) designated a <i>health care agent</i> , and (3) given that person a copy of my directive. Name & contact information of my health care agent is:
	<ul> <li>I do not have an Advance Health Care Directive, but I want to name someone as my surrogate decision maker for health care decisions. Name &amp; contact information of my surrogate decision maker is:</li> <li>Additional Information Continued on Back of Form</li> </ul>
	on for Treating Me
My Healthcare Team Name & Contact Information of My Providers	My Medications Medications/Schedules/Doses/Reasons 
	Additional Information Continued on Back of For



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