

# My Emergency Care Plan

## Information About Me

Date Completed \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Address \_\_\_\_\_

### My Communication Needs

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### My Disabilities, Diagnoses, or Other Health Conditions

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### My Medical Equipment

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### My Support Person

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship to Me \_\_\_\_\_

### My Advance Care Directive

I have (1) signed an Advance Health Care Directive, (2) designated a *health care agent*, and (3) given that person a copy of my directive. **Name & contact information** of my *health care agent* is:

\_\_\_\_\_

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 & contact information** of my *surrogate decision maker* is:

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Additional Information Continued on Back of Form



## Critical Information for Treating Me

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### My Healthcare Team

Name & Contact Information of My Providers

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### My Medications

Medications/Schedules/Doses/Reasons

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Additional Information Continued on Back of Form

