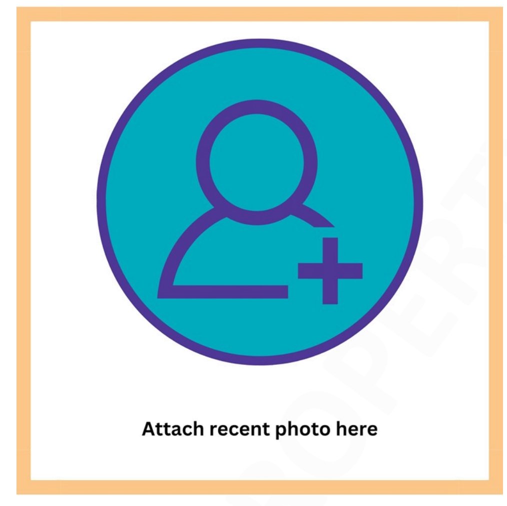
PLAN FOR:

____



The following people reside in my home:

Full Name: ____

Preferred Name: ____

Date of Birth: ___________________________ Phone: ____________________________

Address: ____

Email Address: ____

EMERGENCY CONTACTS

Name: ____

Relationship: ___________________________________ Phone: ___________________

Address: ____

Name: ____

Relationship: ___________________________________ Phone: ___________________

Address: ____

Date last updated: ________________________

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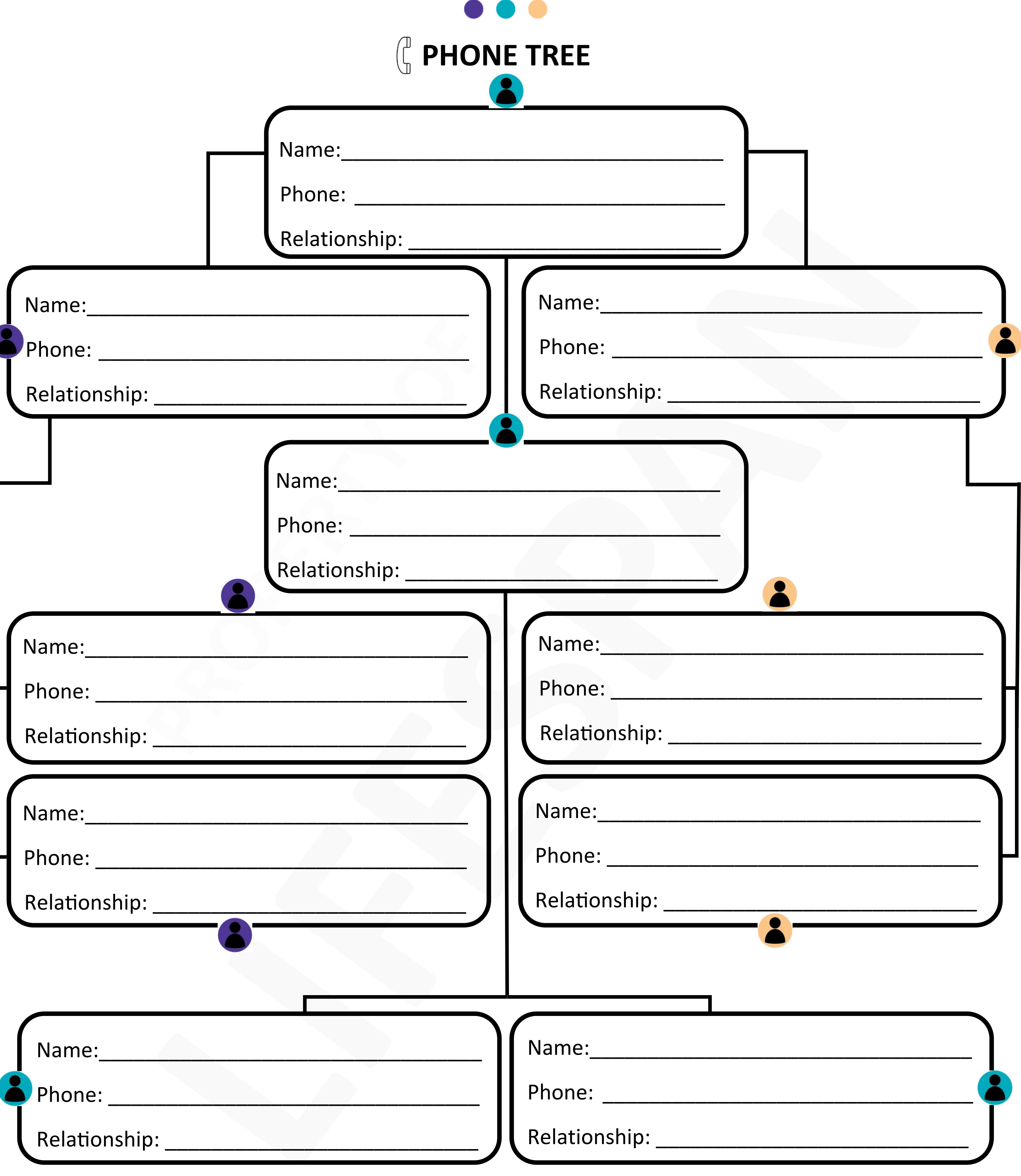

Date last updated: ______________________________________

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MEDICAL INFORMATION

MEDICAL DIAGNOSES:

ALLERGIES:

DIETARY RESTRICTIONS:

PREFERRED HOSPITAL: ____

PERTINENT MEDICAL HISTORY (e.g. recent UTIs, illnesses, or hospitalizations, major surgeries, etc.)

MEDICAL PROVIDERS

Primary Care Physician (PCP): ____

Address: ____ Phone: ________________

Doctor: __________________________________ Specialty: ________________________

Address: ____ Phone: ________________

Doctor: __________________________________ Specialty: ________________________

Address: ____ Phone: ________________

Doctor: __________________________________ Specialty: ________________________

Address: ____ Phone: ________________

Doctor: __________________________________ Specialty: ________________________

Address: ____ Phone: ________________

Doctor: __________________________________ Specialty: ________________________

Address: ____ Phone: ________________

Doctor: __________________________________ Specialty: ________________________

Address: ____ Phone: ________________

Online Patient Portal

☐ MyChart (URMC) ☐ MyCare (Rochester Regional)

Username: _____________________________ Password: ____________________________

Date last updated: _______________________________

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MEDICATION	HOW MUCH? (DOSE)	WHEN IS IT TAKEN? (FREQUENCY)	WHAT IS IT FOR?
____________ ☐ Pick-up ☐ Delivery ☐ Mail order	____		
____________ ☐ Pick-up ☐ Delivery ☐ Mail order	____		
____________ ☐ Pick-up ☐ Delivery ☐ Mail order	____		
____________ ☐ Pick-up ☐ Delivery ☐ Mail order	____		
____________ ☐ Pick-up ☐ Delivery ☐ Mail order	____		
____________ ☐ Pick-up ☐ Delivery ☐ Mail order	____		
____________ ☐ Pick-up ☐ Delivery ☐ Mail order	____		
____________ ☐ Pick-up ☐ Delivery ☐ Mail order	____		
____________ ☐ Pick-up ☐ Delivery ☐ Mail order	____		
____________ ☐ Pick-up ☐ Delivery ☐ Mail order	____		

Date last updated: ____________________

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MEDICATION MANAGEMENT

Instructions on how medications are normally taken. (e.g. with juice, demonstrate taking a pill, crushed in pudding, etc.)

Pharmacy: ________________________________ Phone: ___________________

Address: ____

☐ Pick-up ☐ Delivery ☐ Mail order

How are prescriptions paid for? ____

Pharmacy: ________________________________ Phone: ___________________

Address: ____

☐ Pick-up ☐ Delivery ☐ Mail order

How are prescriptions paid for? ____

Date last updated: _________________________________

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IMPORTANT MEDICAL DOCUMENTS

Health Care Proxy (HCP)

Document location: ____

Name of PRIMARY agent: _________________________ Phone: _________________

Name of ALTERNATE agent:________________________ Phone: _________________

Are they aware that they are your health care proxy? ☐ YES ☐ NO

Do they know your end of life wishes/beliefs? ☐ YES ☐ NO

Do you have the following:

- Nonhospital Order Not to Resuscitate (DNR Order) ☐ YES ☐ NO

  If yes, document location:____

- Medical Orders for Life Sustaining Treatment (MOLST) ☐ YES ☐ NO

  If yes, document location:____

- Living Will ☐ YES ☐ NO

  If yes, document location: ____

Health Insurance

Medicare (red, white, & blue card)

- Number: __________________________ Card location: _____________________

Commercial Insurance

- Provider (ex. Blue Cross Blue Shield, MVP, United Health Care, etc.):

____

- Member ID:________________________ Card location: _____________________

Medicaid

- ID Number: ________________________ Card location: _____________________

Elderly Pharmaceutical Insurance Coverage (EPIC)

- ID number: ________________________ Card location: _____________________

Date last updated: ______________________________

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LEGAL INFORMATION

Power of Attorney (POA)

Agent: ____Phone:_________________________

Successor agent: ______________________________ Phone: _________________________

Document location: ____

Will

Executor: _____________________________________ Phone: ________________________

Document location: ____

Attorney: _____________________________________ Phone: ________________________

Financial advisor:_______________________________ Phone: _______________________

Tax preparer: __________________________________ Phone: _______________________

Personal Information Location

Social Security card: ____

Birth certificate: ____

Marriage certificate: ____

Death certificate (for deceased spouse): ____

Divorce papers: ____

Military records: ____

License/Non-Driver ID: ____

Passport/Citizenship papers: ____

Funeral arrangements: ____

Other important documents:

Date last updated: ____________________________________

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FINANCIAL INFORMATION

FINANCIAL ACCOUNTS

Owner(s): ________________________________ Account type: ______________________

Bank: ___________________________________ Account number:__________________

Online account:

- Username: ___________________________ Password: ________________________

Owner(s): ________________________________ Account type: ______________________

Bank: ___________________________________ Account number:__________________

Online account:

- Username: ___________________________ Password: ________________________

Owner(s): ________________________________ Account type: ______________________

Bank: ___________________________________ Account number:__________________

Online account:

- Username: ___________________________ Password: ________________________

DEBIT CARDS

Bank: ______________________________________ Pin:___________________________

Account number: __________________________

Card location: ____________________________ Used for: ________________________

Bank: ______________________________________ Pin:___________________________

Account number: _________________________

Card location: ____________________________ Used for: ________________________

CREDIT CARDS

Company: _______________________________ Account number: ___________________

Card location: ____________________________ Used for: ________________________

Company: _______________________________ Account number: ___________________

Card location: ____________________________ Used for: ________________________

Company: _______________________________ Account number: ___________________

Card location: ____________________________ Used for: ________________________

Company: _______________________________ Account number: ___________________

Card location: ____________________________ Used for: ________________________

Company: _______________________________ Account number: ___________________

Card location: ____________________________ Used for: ________________________

Date last updated: ____________________________

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CHECKBOOKS

Location: ______________________________________ Used for: ______________________________________

Location: ______________________________________ Used for: ______________________________________

Safe deposit box location: ____

TRUST

Type: ____

Company: ____

Paperwork location: ____

LIFE INSURANCE

Company: ____

Policy number: ___________________________ Paperwork location: ___________________________________

Company: ____

Policy number: ___________________________ Paperwork location: ___________________________________

LONG-TERM CARE INSURANCE

Company: ____

Policy number: ___________________________ Paperwork location: ___________________________________

RETIREMENT ACCOUNTS

Type: ___________________________________ Account number: ______________________________________

Company: ____

Type: ___________________________________ Account number: ______________________________________

Company: ____

Type: ___________________________________ Account number: ______________________________________

Company: ____

Type: ___________________________________ Account number: ______________________________________

Company: ____

INCOME

Type/source: ______________________________ Amount: __________________ Frequency:_______________

Type/source: ______________________________ Amount: __________________ Frequency:_______________

Type/source: ______________________________ Amount: __________________ Frequency:_______________

Type/source: ______________________________ Amount: __________________ Frequency:_______________

Type/source: ______________________________ Amount: __________________ Frequency:_______________

Type/source: ______________________________ Amount: __________________ Frequency:_______________

Type/source: ______________________________ Amount: __________________ Frequency:_______________

Type/source: ______________________________ Amount: __________________ Frequency:_______________

Date last updated: ______________________________

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EXPENSES

EXPENSE	AMOUNT	ACCOUNT NUMBER	DUE DATE	HOW IT'S PAID
Mortgage/rent				
HELOC				
Home/rental insurance				
Car payment				
Car insurance				
Gas				
Electric				
Water				
Internet				
Cable				
Streaming services				
Landline				
Cell phone				
Health insurance premiums				
Prescriptions				
Medical supplies				
Garbage				
Lawn/garden care				
Snow removal				
Medical supplies				

Date last updated: ______________________________

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ROUTINE MAINTENANCE

Pet Care Information

Vet: ____ Phone: ____________________

Groomer: ____________________________________ Phone: ___________________

Sitter: ______________________________________ Phone: ___________________

Type(s) of food: ____

Meal schedule: ____

Home Services

Security system company: ______________________________ Code: ______________

Garage door keypad code: ______________________________

Wi-Fi network name: _______________________ Password: ______________________

Housekeeper: ____ Phone: _____________

Gardener/lawn care company: ___________________________ Phone: _____________

Pool maintenance: ____________________________________ Phone: _____________

Plow company: _______________________________________ Phone: _____________

Exterminator: ____ Phone: _____________

Home repair: ____ Phone: _____________

Plumber: ____ Phone: _____________

Electrician: ____ Phone: _____________

General contractor: ___________________________________ Phone: _____________

Garbage service: ______________________________________ Phone: _____________

- Pick-up day: ____

Recycling service: _____________________________________ Phone: _____________

- Pickup Day: ____

Other notes about the home:

Date last updated: ______________________________

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FORMAL SUPPORTS AND SERVICES

Care Manager: ________________________________ Phone: ____________________

Agency: ____

Home Care Provider: ________________________________ Phone: ______________

Prior arrangements made:

Care Facility: ____

Address: ____

Contact person: ________________________________ Phone: ____________________

Toured? Yes No Application submitted? Yes No

Prior arrangements made:

Care Facility: ____

Address: ____

Contact person: ________________________________ Phone: ____________________

Toured? Yes No Application submitted? Yes No

Prior arrangements made:

Community-Based Long-Term Care (Medicaid funded services; e.g. MLTC, NHTD, TBI, etc.)

Contact person: __________________________________ Phone: __________________

Agency: ____

Personal Emergency Response System (PERS) provider: ______________________________

Phone: __________________

Day program: ____________________________________ Phone: __________________

Drop-in program: ________________________________ Phone: __________________

Respite provider: ________________________________ Phone: __________________

Transportation provider: __________________________ Phone: __________________

Home delivered meals provider: _____________________ Phone: ________________

Senior center: ____

Other:

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WEEKLY SCHEDULE

DAY	TASKS	WHEN?	PERSON(S) RESPONSIBLE
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

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