



An End of Life Explorers® Resource

Advance Care Planning Organizer

WHAT TO DO

1. Collect all your essential Advance Care Planning documents into one notebook.
2. Keep it on top of your refrigerator or in an easy to find place in any emergency situation.
3. Take the notebook with you on any hospital emergency visit.
4. Take the notebook with you when you travel.
5. Create duplicates of the notebook for your Agent and for the loved ones of your choice.

WHAT YOU WILL NEED

1. Sturdy, one inch, three-ring notebook in a bright color to make it easy to find in an emergency
2. Choose one that has a sleeve on the front where you will place an extra copy of your POLST form if you have one
3. Notebook Divider Tabs with 10 sections
4. Note: a printable Index is provided on the last page of this document
5. Access to a three-hole punch OR if you make copies of your documents at a copy center they will have paper that three-hole punched paper.

REMEMBER THESE BASICS for Advance Care Planning Documents

- A. Any Advance Directive and any Addendum document that is not properly signed, dated and witnessed according to the requirements in your state is basically useless. Go to <http://www.caringinfo.org> if you do not know the signing requirements in your state.
- B. A copy of a properly signed, dated and witnessed document is as valid as the original.
- C. Keep the choices you state in one document consistent with the choices you state in another document. If there is a conflict, the most recently dated document is the one that is likely to be honored.
- D. Anytime you revise, add or delete *even one statement* in an Advance Directive or Addendum, you need to resign, date and witness both the Advance Directive and any Addendum attached to it for them to be considered valid again. The dates need to match on both documents.
- E. Be certain that *everyone* and *everyplace* that has a copy of your Advance Directives and any Addendum receives a copy of the updated version.

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Section ONE - CONTACT INFORMATION

YOUR ESSENTIAL INFORMATION

Your Full Name and Date of Birth

- this is the primary information used to access your medical records in most places.

Your address, phone number(s) and email address.

Your Health Insurance Company / type of coverage

Name of all primary and secondary insurance providers and contact information

MEDICAL EMERGENCY CONTACT INFORMATION

Your Primary Care Physician

name, practice name, address, phone numbers, email address, website

Your Agent

name, address, phone numbers, email address

Your Alternate Agent(s)

Name, address, phone numbers, email addresses

Other Loved Ones

Name and their relationship to you, address, phone numbers, email addresses

Consider including the name and contact information for your loved one's spouse or partner

Resident Services or Medical Office names and contact information

if you live in a Residential or Assisted Living facility (or skilled nursing, nursing home or group home facility)

Section TWO

ADVANCE DIRECTIVE & ADDENDUM

Your Advance Directive

Your Personal Values and Care Preferences Statements

Medical Power of Attorney assigning your Agent if this is not included in your Advance Directive

Addendum to Advance Directive

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Section THREE

POLST Form

Pre-Hospital DNR Directive for Emergency Medical Technicians

Section FOUR

HIPPA form(s) giving your Agent and Alternate Agents(s) permission to access your medical records. Make sure that each physician who treats you has a copy of this form.

Section FIVE

A copy of your **LIVING WILL**

- if you have a Living Will it is usually a separate document in you Will or Trust or Estate Planning Document.

Section SIX

LOCATION LIST for ADVANCE CARE PLANNING DOCUMENTS

A list of the people and places where you have stored your Advance Directive. This will serve as a reminder to you to update the copies at anytime you change your choices in an Advance Directive or Addendum to an Advance Directive.

Name, address, phone and fax numbers:

Your Primary Care Physician

Your Agent and Alternate Agent

Electronic copy via your primary care physician's office.

Resident Services or Medical office if you live in a Residential or Assisted Living Facility (or skilled nursing, nursing home or group home facility)

Online registry services such as MedicAlert Foundation (MedicAlert.org) or US Living Wills Registry.

Video Recording of you stating your end of life wishes to a friend or relative on your smart phone.

Audio Recording of you answering end of life preference questions on the Story Corp App on your phone.

Memory Stick in your purse

if you have scanned copies of your signed, dated and witnessed Advance Directive and other forms you can store them on a memory stick.

List of Loved Ones who have copies

Glove Compartment of Your Car

Section SEVEN

MEDICAL INFORMATION - PROVIDERS - MEDICAL HISTORY

A list of your current prescription medications, dosage and how frequently you take them.

A list of vitamins and over the counter supplements

A list of non-prescription drug you take regularly (allergy or cough medicines for example etc.)

Pharmacies

Name and contact information for the Pharmacies you use.

PHYSICIANS & SPECIALISTS LIST

Name and contact information for:

Primary care physician

All specialists that you see including physicians, clinics, physical, occupational therapists, psychologists, chiropractor, acupuncturist, massage therapists etc.

Spiritual leaders

Case managers

Listed in order of year:

Name of any past surgery, the date of the surgery, the physician who performed it, and the name of the facility

Section EIGHT

**LISTS of MEDICATIONS, VITAMINS, SUPPLEMENTS, HERBS
and any NON-PRESCRIPTION DRUGS**

Fill out the handy *My Medications* document for each of the above.

Available for free download and printing at SafeMedications.com

Section NINE

COPY OF YOUR HEALTH INSURANCE POLICIES

Include the name of the insurance company or provider and their contact information, your policy number. This includes a copy of any long-term care insurance policy if you have one through your employer or individually.

Section TEN

RESOURCES for YOU & YOUR AGENT

Include copies of the following documents

How to Make Medical Decisions for Someone Else - American Bar Association free download

Myths & Facts About Advance Directives - American Bar Association free download

Reliable Health Information on the Internet (see next page)

MEDICAL INFORMATION RESOURCES

If you or your Agent need to research health information on the internet, try one of these sources.

Internet sources can be helpful but can never substitute for conversations with your primary care physician to discuss the information and to make the health decisions that are right for you.

MedlinePLUS <https://medlineplus.gov/>

National Library of Medicine <https://www.nlm.nih.gov/>

National Institute of Health <https://www.nih.gov/>

Cleveland (Heart) Clinic <https://my.clevelandclinic.org/>

Mayo Clinic <https://mayoclinic.org/>

MD Anderson Cancer Center <https://www.mdanderson.org/>

Johns Hopkins Medicine <https://www.hopkinsmedicine.org/>

Stanford University Medicine Library <http://healthlibrary.stanford.edu/>

Harvard Medical School <https://www.health.harvard.edu/>

University of California Medical Library <http://www.library.ucla.edu/biomed>

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Advance Care Planning Information for

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Medical Emergency Contact Information

Section TWO

Advance Directive

Medical Power of Attorney

Personal Values Statements / Letter for loved ones stating your choices.

Addendum to Advance Directive & Any other significant medical related documents.

Section THREE

POLST Form & Pre-Hospital DNR Form for EMTs

Section FOUR

HIPPA Form(s)

Section FIVE

Living Will

Section SIX

Location List for Advance Care Planning Documents

Section SEVEN

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Section TEN

Information Resources for You and Your Agent

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