

## Printable caregiver binder: first pages

Person: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Conditions, as written by their doctor: \_\_\_\_\_

Allergies: \_\_\_\_\_

| Name | Role | Phone | Notes |
|------|------|-------|-------|
|      |      |       |       |
|      |      |       |       |
|      |      |       |       |
|      |      |       |       |
|      |      |       |       |
|      |      |       |       |

| Document          | Where it is kept | Expires |
|-------------------|------------------|---------|
| Insurance card    |                  |         |
| Medicare card     |                  |         |
| Photo ID          |                  |         |
| Power of attorney |                  |         |
| Advance directive |                  |         |

| Next appointment | With | Questions to ask |
|------------------|------|------------------|
|                  |      |                  |
|                  |      |                  |
|                  |      |                  |