

How to Create a Planning Guide for My Family



There is no greater gift you can provide their family than the gift of planning. Regardless of age, an unexpected illness or injury can leave family or friends in the difficult position of making decisions in regards to your care or honoring your wishes.

Plan Now! It can be overwhelming as a caregiver trying to locate important personal information about you that is necessary for your care.



The Planning Guide makes it easy and convenient for you and your family. By gathering the necessary information and keeping it in an accessible location for your caregivers, you will have peace of mind knowing that all important information about you can be found in one document.

Start today, and take the time to create your personal Planning Guide.

Personal Information

This information should be kept in a secure place (i.e. safe deposit box) and should be accessible to family members/executor/attorney.

Full Legal Name

Date of Birth

Place of Birth

Street Address

City

State

Zip

Phone(s)

Birth Certificate Location

Social Security Number

Driver License Number

Military Service Number

Religious Affiliation / Minister Name, Location & Phone Number

Employment Information

Notes

My Children

_____ Name	_____ Address	_____ Phone
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_____ Name	_____ Address	_____ Phone
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_____ Name	_____ Address	_____ Phone
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_____ Name	_____ Address	_____ Phone
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_____ Name	_____ Address	_____ Phone
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_____ Name	_____ Address	_____ Phone
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_____ Name	_____ Address	_____ Phone
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My Relatives / Neighbors / Friends

_____ Name	_____ Address	_____ Phone
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_____ Name	_____ Address	_____ Phone
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_____ Name	_____ Address	_____ Phone
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_____ Name	_____ Address	_____ Phone
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Health Care Providers

	Name	Phone
Primary Care Physician		
Physician/Specialists		
Physician/Specialists		
Eye Doctor		
Dentist		
My Choice for Long-Term Care		
My Choice for Assisted Living Facility		
My Choice for Home Health Care Provider		
Pharmacist		
Other Care Provider(s)		
My Choice for Hospital		

Insurance Information (Copy of Cards Attached)

	Agent Name	Phone
Automobile Insurance		
Homeowners Insurance		
Life Insurance		
Long-Term Insurance		
Prescription Insurance		
Health Insurance/HMO		
Managed Care		
Medicare		
Medicare Supplement		
Medicaid		
Medicaid Caseworker		
Veterans Benefits		

Medical Conditions Checklist

- Blood Type: _____
- No known medical conditions
- Abnormal EKG
- Adrenal Insufficiency
- Angina
- Asthma
- Bleeding Disorder
- Cancer
- Cardiac Dysrhythmia
- Cataracts
- Clotting Disorder
- Coronary Bypass Graft
- Dementia
- Alzheimer's
- Diabetes/Insulin Dependent
- Eye Surgery
- Glaucoma
- Hearing Impaired
- Heart Value Prosthesis
- Hemodialysis
- Hemolytic Anemia
- Hepatitis Type: _____
- Hypertension
- Hypoglycemia
- Implantable Devices: _____
- Laryngectomy
- Leukemia
- Lymphomas
- Memory Impaired
- Myasthenia Gravis
- Pacemaker
- Renal Failure
- Seizure Disorder
- Sickle Cell Anemia
- Stroke
- Tuberculosis
- Vision Impaired

Allergies:

- No known allergies
- Animal
- Aspirin
- Barbiturate
- Codeine
- Demerol
- Food: _____
- Horse Serum
- Insect Stings
- Latex
- Lidocaine
- Morphine
- Novocain
- Penicillin
- Seasonal
- Sulfa
- Tetracycline
- X-Rays Dyes
- Environmental: _____
- Other: _____

Notes

Medical/Health Information

	Notes
Health History	
Genetic Defects	
Family Medical History (Cancer/Heart/Blood Pressure, etc.)	
Adoption/Stepfamily History	
Other	

Household Support

	Name	Phone
Personal Care Provider		
Home Service Agency		
Home Security		
Housecleaning		
Transportation		
Meals		
Phone/Cable Provider		
Veterinary		
Other		

Notes

Financial Information

	Account	Account	Account
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debt <input type="checkbox"/> _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debt <input type="checkbox"/> _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debt <input type="checkbox"/> _____
Institution Name			
Institution Location			
Institution Phone			
Register Location			
Social Security Direct Deposit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension Check Direct Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Important Information			

Financial Information, Continued.

	Account	Account	Account
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debt <input type="checkbox"/> _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debt <input type="checkbox"/> _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Debt <input type="checkbox"/> _____
Institution Name			
Institution Location			
Institution Phone			
Register Location			
Social Security Direct Deposit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension Check Direct Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Important Information			

Financial & Other Records

	Location & Notes
Real Estate Documents (i.e. Deeds, Mortgages, Notes)	
Tax Returns (Current/Prior Year)	
Insurance Policies and Premium Payment Records	
Pension, IRA, Keogh, & Other Deferred Compensation Records	
Health Care Expense and Reimbursement Records	
Will	
Living Trust	
Power of Attorney	
Power of Attorney for Health Care	
Safe Deposit Box	
(Who is authorized? Where are the keys located?)	
Stocks & Bonds	
Passport	

Legal And Financial

	Name	Phone
Attorney		
Accountant		
Stock Broker or Investment Advisor		
Executor/ Executrix of Estate		

Notes

Personal Caregiving Preferences

Circumstances often dictate many details of the caregiving situation, but it will be helpful to know the who, where, what, how, and when of your personal caregiving preferences. Consider the questions in each box and write your thoughts and preferences.

Who

Identify the kind of caregiver(s) you would like to have if you get sick. For example, what skills would these people have? If they are cooking for you, do they know how to cook the foods you enjoy? What are their social and spiritual interests - are they similar to yours? What values do you have and what values would you want your caregivers to have?

Where

Identify, in priority order, where you would like to live. Most people want to stay in their homes, but sometimes moving to a smaller place is the best choice. If considering a move, what size living space will you need? Do you want to be near friends or family? Would the place you move to provide assisted living or nursing services, if you needed it? What recreational, social, spiritual and emotional values would you want fulfilled in this place?

Notes

Personal Caregiving Preferences, Continued.

What

Identify what you want your days to look and be like? What, ideally, do you want your home, apartment, or room to look like? What colors and decor provide emotional comfort to you? What furniture do you want? Do you want a telephone and/or computer in the room? What about a television and cable channels? What about a library or access to museums? Do you want the space to feel inviting?

How & When

How will you make decisions regarding your care? Do you have some criteria even beyond a living will? Do you prefer a lot of collaboration with your caregiver(s) and medical personnel or very little? Are you a decisive person or will you want to pursue all the options?

Notes

End-Of-Life Decision

		Location/Notes
Living Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Durable Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do Not Resuscitate Order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you want a feeding tube inserted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an organ donor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Funeral/Memorial Information

	Notes / Contact Person / Phone Number / Location
Funeral Home	
Prepaid Funeral Plan, Burial Plot Documents	
Cremation or Burial?	
Cemetery Lot	
Organizations to be contacted	
Services to be Performed	
Last Wishes or Requests	

Notes

***“Before everything else, getting ready is the secret of success.”
– Henry Ford***



Life Enriching COMMUNITIES

The Choice in Wellness Lifestyle.



Life Enriching Communities offers two senior living CCRC communities, Twin Towers in College Hill and Twin Lakes in Montgomery, along with a continuing care at home program, Confident Living. If you have additional questions about retirement living or our services, please call one of our resource specialists:

Twin Towers	513-853-2000
Twin Lakes	513-247-1300
Confident Living	513-719-3522



Looking for more information on your options and opportunities for retirement living?

Contact *Life Enriching Communities* for more helpful resources.
Call (513) 719-3510 or visit us on the web at www.lec.org.