



# ADVANCED HEALTHCARE DIRECTIVE

	<b>Advance Healthcare Directive Notification</b>	<b>Emergency Medical Information</b>	
<b>Name:</b> _____		Date of Birth: _____	
I have a Healthcare Power of Attorney and a Living Will, and I have talked to my family and my doctor about the care I want. If I am unable to speak for myself, please contact:		Medical Conditions: _____	
_____	_____	Medications: _____	
<b>Primary Agent</b>	<b>Telephone</b>	Blood Type: _____	
_____	_____	Allergies: _____	
<b>Secondary Agent</b>	<b>Telephone</b>	My Primary Physician: _____	
_____	_____	_____	
		Telephone _____	

Fill out the form above and keep it in your wallet or purse with your insurance card so it can be easily accessed in the event of an emergency

A courtesy copy for your Spouse or to share with friends or family:

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