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To assist your healthcare agent or family member assisting with your affairs without a healthcare poa, please complete this form. This form should be completed even if the agent is your spouse or someone familiar with your healthcare. The information may be needed at a highly emotional time, and it would be beneficial to have it written down in advance without your agent worrying about forgetting something or too wrought to think straight.

**To do:**

1. Make sure you have a blank copy at all times for future updates.
2. Once completed, make several copies.
3. You might want to place a copy in the glove compartment of your cars or in your purse; but if you do so, please black out the first five digits of your Social Security Number and the month and day of your birth, just leaving the year of your birth.
4. Staple a copy to each healthcare power of attorney.
5. Now that medical records are maintained and stored electronically, it might be helpful to give a copy of this form and your healthcare power of attorney to your doctor.
6. Periodically update the form to add any changes to medicines, surgeries, etc.

**Medicines and Medical History**

As of \_\_\_\_\_, 201\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_ SSN (last four digits only) \_\_\_\_\_

**Health Insurers**

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Patient Number: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Patient Number: \_\_\_\_\_

Allergies \_\_\_\_\_

**Pharmacy**

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Name: \_\_\_\_\_

Location: \_\_\_\_\_

**Doctors**

Name	Type	Comments

**Medicines**

Name of Medicine	Dosage	Frequency	Time of Day Taken

**Surgeries**

Type	Date	Facility/Doctor	Comments