



## Your care organizer



## Stay organized

Now you can organize your care information in one convenient place you can share with your loved ones. Use this organizer to record important information that may be needed, from medical and financial records to household and legal details. Save this form to your computer, fill it out and print. Or print the form first and write in your details.

United  
Healthcare

# All your records in one place

Bring your organizer to doctor visits as a convenient reference. It can also help your care team members stay connected and access the same information. Share it with your spouse, adult child, power of attorney (POA), attorney and/or someone you trust. Remember to keep it in a secure location like a home safe to keep your personal information protected.

## Copies of this organizer have been given to:

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:



## Review this tool annually

Date originally completed:

Date last updated (write in pencil):

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# Personal and health

## Personal information

Name:

Address:

City:

State:

ZIP:

County:

Home phone:

Cell phone:

Date of birth (DOB):

Social Security number (SSN):

Email:

## Notifications list (in case of emergency)

### Primary contact

Name:

Phone:

Relationship:

Special instructions:

### Other contacts

Name:

Phone:

Relationship:

Special instructions:

Name:

Phone:

Relationship:

Special instructions:

### Employer

Supervisor:

Phone:

## Health care providers

### Primary physician:

Address:

Phone:

**Pharmacy:**

Address:

Phone:

Current medication list location:

**Specialist:**

Address:

Phone:

Specialty:

**Specialist:**

Address:

Phone:

**Dentist:**

Address:

Phone:

**Eye doctor:**

Address:

Phone:

**Hospital preference:**

Address:

Phone:

**Home health care provider:**

Phone:

Case manager:

**Medical equipment provider:**

Phone:

Oxygen provider:

Phone:

## Health issues

List health issues, implanted items, specific instructions and any other health concerns:

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Allergies:

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## Medication information

Use this section to record all medications, including the proper dosage amounts and schedule, as well as pharmacies.

**If you choose to print this organizer, other documents to consider storing in this section:**

- Formulary (list of covered drugs)
- Copies of written prescriptions

### Medication:

---

Reason for prescription:

Dosage: # of times per day:  A.M.  P.M.  Both

Take medication:  With food  On an empty stomach

Side effects (if any):

Prescribing doctor: Pharmacy prescription #:

Pharmacy: Phone:

Date started: Date discontinued (if any):

### Medication:

---

Reason for prescription:

Dosage: # of times per day:  A.M.  P.M.  Both

Take medication:  With food  On an empty stomach

Side effects (if any):

Prescribing doctor: Pharmacy prescription #:

Pharmacy: Phone:

Date started: Date discontinued (if any):

**Medication:**

Reason for prescription:

Dosage: # of times per day:  A.M.  P.M.  BothTake medication:  With food  On an empty stomach

Side effects (if any):

Prescribing doctor: Pharmacy prescription #:

Pharmacy: Phone:

Date started: Date discontinued (if any):

**Medication:**

Reason for prescription:

Dosage: # of times per day:  A.M.  P.M.  BothTake medication:  With food  On an empty stomach

Side effects (if any):

Prescribing doctor: Pharmacy prescription #:

Pharmacy: Phone:

Date started: Date discontinued (if any):

**Insurance information** Medicare #:  Medicaid #:**Health insurance:**

Issuer: Account #:

Agent name: Agent phone:

Premium amount:

Due date: Auto pay from:

Website:

Username: Password:

**Health insurance:**

Issuer:

Account #:

Agent name:

Agent phone:

Premium amount:

Due date:

Auto pay from:

Website:

Username:

Password:

**Dental insurance:**

Issuer:

Account #:

Agent name:

Agent phone:

Premium amount:

Due date:

Auto pay from:

Website:

Username:

Password:

**Eye care insurance:**

Issuer:

Account #:

Agent name:

Agent phone:

Premium amount:

Due date:

Auto pay from:

Website:

Username:

Password:

**Home insurance:**

Issuer:

Account #:

Agent name:

Agent phone:

Premium amount:

Due date:

Auto pay from:

Website:

Username:

Password:

**Life insurance:**

---

Issuer:	Account #:
---------	------------

---

Agent name:	Agent phone:
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---

Premium amount:

---

Due date:	Auto pay from:
-----------	----------------

---

Website:

---

Username:	Password:
-----------	-----------

---

**Long-term care insurance:**

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Issuer:	Account #:
---------	------------

---

Agent name:	Agent phone:
-------------	--------------

---

Premium amount:

---

Due date:	Auto pay from:
-----------	----------------

---

Website:

---

Username:	Password:
-----------	-----------

---

**Car insurance:**

---

Issuer:	Account #:
---------	------------

---

Agent name:	Agent phone:
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---

Premium amount:

---

Due date:	Auto pay from:
-----------	----------------

---

Website:

---

Username:	Password:
-----------	-----------

---

**Other insurance:**

---

Issuer:	Account #:
---------	------------

---

Agent name:	Agent phone:
-------------	--------------

---

Premium amount:

---

Due date:	Auto pay from:
-----------	----------------

---

Website:

---

Username:	Password:
-----------	-----------

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## Other important information

Any items in storage:  Yes  No

Address:

Phone:

Newspaper provider(s):

Phone to stop delivery:

Local post office address:

Phone:

Religious community:

Contact name:

Contact phone:

Birth certificate location:

Marriage certificate location:

Divorce decree location:

Military discharge papers, location:

# Household

## Home security system

Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Alarm code: \_\_\_\_\_

Special instructions: \_\_\_\_\_

## Home safe information

**Safe:** \_\_\_\_\_

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

Contents: \_\_\_\_\_

Location of safe key: \_\_\_\_\_ Combination: \_\_\_\_\_

## Housing information: Primary home

**Mortgage/rental company:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Account #: \_\_\_\_\_

Website: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Mortgage/rent amount: \_\_\_\_\_

Due date: \_\_\_\_\_ Auto pay from: \_\_\_\_\_

Location of deeds and property titles: \_\_\_\_\_

**Electric company:** \_\_\_\_\_ Phone: \_\_\_\_\_

Account #: \_\_\_\_\_ PIN: \_\_\_\_\_

Website: \_\_\_\_\_ Auto pay from: \_\_\_\_\_

Username: \_\_\_\_\_ Password: \_\_\_\_\_

**Gas company:**

Phone:

Account #:

PIN:

Website:

Auto pay from:

Username:

Password:

**Water company:**

Phone:

Account #:

Auto pay from:

Website:

Username:

Password:

**Sewer company:**

Phone:

Account #:

Auto pay from:

Website:

Username:

Password:

**Home phone company:**

Phone:

Account #:

Auto pay from:

Website:

Username:

Password:

**Cell phone company:**

Phone:

Account #:

PIN:

Website:

Auto pay from:

Username:

Password:

**Cable company:**

Phone:

Account #:

Auto pay from:

Website:

Username:

Password:

**Internet provider:**

Phone:

Account #:

Auto pay from:

Website:

Username:

Password:

**Garbage company:**

Phone:

Account #:

Auto pay from:

Website:

Username:

Password:

**Housing information: Secondary home****Mortgage/rental company:**

Phone:

Address:

Account #:

Website:

Username:

Password:

Mortgage/rent amount:

Due date:

Auto pay from:

Location of deeds and property titles:

**Electric company:**

Phone:

Account #:

PIN:

Website:

Auto pay from:

Username:

Password:

**Gas company:**

Phone:

Account #:

PIN:

Website:

Auto pay from:

Username:

Password:

**Water company:**

Phone:

Account #:

Auto pay from:

Website:

Username:

Password:

**Sewer company:**

Phone:

Account #:

Auto pay from:

Website:

Username:

Password:

**Home phone company:**

Phone:

Account #:

Auto pay from:

Website:

Username:

Password:

**Cell phone company:**

Phone:

Account #:

PIN:

Website:

Auto pay from:

Username:

Password:

**Cable company:**

Phone:

Account #:

Auto pay from:

Website:

Username:

Password:

**Internet provider:**

Phone:

Account #:

Auto pay from:

Website:

Username:

Password:

**Garbage company:**

Phone:

Account #:

Auto pay from:

Website:

Username:

Password:

**Automobile, RV, boat, and/or other****Make:**

Model:

Year:

License plate #:

VIN #:

**Make:**

Model:

Year:

License plate #:

VIN #:

**Make:**

Model:

Year:

License plate #:

VIN #:

**Make:**

Model:

Year:

License plate #:

VIN #:

# Finances, legal, legacy planning and more

## Accountant and tax information

Accountant:

Address:

City:

State:

ZIP:

Location of past and current filings:

## Financial information

Bank:

Phone:

Address:

Website:

City:

State:

ZIP:

Username:

Password:

Checking account #:

Savings account #:

Other account #:

Debit card #:

PIN:

Auto payments from/to:

Bank:

Phone:

Address:

Website:

City:

State:

ZIP:

Username:

Password:

Checking account #:

Savings account #:

Other account #:

Debit card #:

PIN:

Auto payments from/to:

## Safe-deposit box

Location:

Contents:

Location of box key:

## Credit card information

**Credit card:**

Phone:

Account #:

Exp. date:

Website:

Username:

Password:

Auto payments to:

Special information (rewards, etc.):

**Credit card:**

Phone:

Account #:

Exp. date:

Website:

Username:

Password:

Auto payments to:

Special information (rewards, etc.):

**Credit card:**

Phone:

Account #:

Exp. date:

Website:

Username:

Password:

Auto payments to:

Special information (rewards, etc.):

## Health Savings Account

### Company:

Account #:

Phone:

Website:

Username:

Password:

Debit card #:

PIN:

Auto payments from/to:

## Investment and retirement accounts

### Investment company:

Financial advisor:

Phone:

Account and account #:

Website:

Username:

Password:

### Investment company:

Financial advisor:

Phone:

Account and account #:

Website:

Username:

Password:

### Investment company:

Financial advisor:

Phone:

Account and account #:

Website:

Username:

Password:

## Legal information

Attorney:

Phone:

Address:

City:

State:

ZIP:

Email:

### Legal documents (check all documents that are completed and who has copies)

Will and testament

Copies given to:

Power of attorney

Copies given to:

Advance directive/living will

Copies given to:

Do Not Resuscitate (DNR) order

Copies given to:

Other:

Copies given to:

Other:

Copies given to:

## Online and social media accounts

Email:

Password:

Email:

Password:

### Facebook:

Username:

Password:

### X:

Username:

Password:

### Instagram:

Username:

Password:

### Other:

Username:

Password:

## Pet care

**Veterinarian clinic:**

Phone:

Address:

City:

State:

ZIP:

Instructions for pet care:

Back-up for pet care:

Address:

Phone:

City:

State:

ZIP:

## Funeral and burial arrangements

**Funeral home:**

Phone:

Address:

City:

State:

ZIP:

Organs to be donated?  Yes  No

Special arrangements for funeral and burial/cremation:

