

LIFE

IN

MOTION

A GUIDE

FOR GATHERING LIFE'S
VITAL INFORMATION

KAREN PURZE



INTRODUCTION

Could someone pick up where you left off if you had an accident? Probably not without a few hints! Record your emergency plans in this section, so those in charge of things if you're indisposed will know what needs to be taken care of *right away* (and how to do it.)

In this section you will record information on how to:

- ◆ Care for your dependents and pets
- ◆ Secure your home
- ◆ Manage your household while you're away from home

Emergencies are unpredictable, so print and share this with the people who will cover for you if something happens.

On a positive note, much of this same information would be necessary if you wanted to go on vacation without your kids or pets, or without worrying about your house. Get it all together and test out the theory!

NOTE: This document is formatted to leave space for a 3-hole punch, so it's easy to put in a binder without cutting any information off.



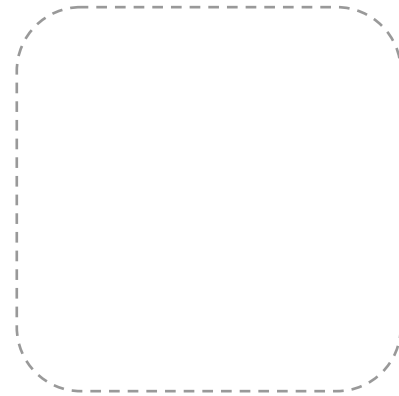
PERSONAL INFORMATION

Name

_____ _____
Date of Birth Phone Lock Code

Primary Language Spoken

Phone Number



PHOTO

EMERGENCY CONTACTS

Name

Relationship

Cell Phone Number

Other Phone Number

Name

Relationship

Cell Phone Number

Other Phone Number

Name

Relationship

Cell Phone Number

Other Phone Number

SPECIAL HEALTH CONCERNS *List here any critical information or instructions for first responders. (Or simply refer to the documentation in the Health section if medical needs are complex.)*



DEPENDENT INFORMATION *Make one copy for each child or dependent elder. For complex medical needs or allergies, consider using the templates in the Health section instead.*

Name

_____ _____
Date of Birth Phone Lock Code

Primary Language Spoken

Phone Number



PHOTO

MEDICATION(S)

NAME	AMOUNT	FREQUENCY	TIME OF DAY TAKEN

ALLERGIES

TYPE	TYPICAL REACTION	TREATMENT

NOTES *List any special needs or instructions (pacemaker, artificial joints or implants, anxiety about certain types of treatment, etc. List anything else a doctor should know before treating.)*



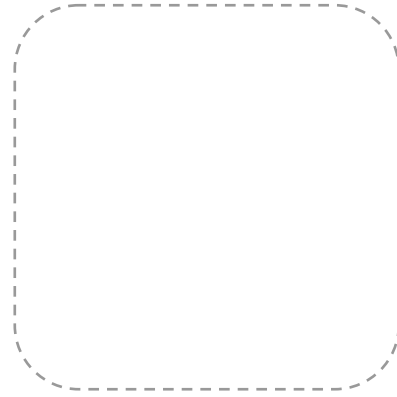
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Date of Birth Phone Lock Code

Primary Language Spoken

Phone Number



PHOTO

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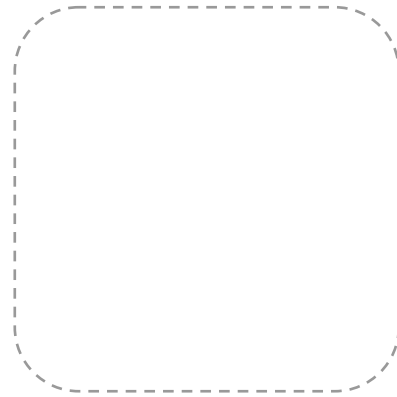
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Phone Number



PHOTO

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DAILY ACTIVITY LOG List the activities of your children, dependent elders, or pets so they can be located quickly in case of emergency. Put the name of the dependent in the Name column. For activities, include any place your family regularly spends time like schools, after school programs, daycare, sport activities, etc. Make extras before starting if you need more room.

Location of digital file and/or family calendar, if available

NAME	ACTIVITY / LOCATION	HOURS	DAY(S) OF WEEK



DAILY ACTIVITY CONTACTS *Include contact information for the places identified in the Activity Log. Description might include school, neighbors, or any other activity or location referenced in the Activity Log. Make extras of this before starting if you need more room.*

Location of digital file and/or address book, if available

CONTACT NAME	DESCRIPTION	ADDRESS	PHONE NUMBER



ROUTINES *Describe key routines (what time you take meals, bedtime activities, etc.)*

FAVORITE FOODS *Describe foods or meals that your family prefers.*

RULES *Describe any "house rules."*



FAMILY EMERGENCY CONTACT LIST This list should include emergency contacts for anyone who will help your family if there is an emergency – both “in the moment” and afterwards. For example: contact info for all parents and guardians, fire and police departments, poison control, pediatrician, dentist, babysitters, carpool contacts, etc. Make copies before starting if you need more room.

Location of digital file or address book, if available

NAME	PHONE NUMBER(S)	DESCRIPTION / ROLE



PET INFORMATION

Name

Rabies Tag Number

Microchip Number

Microchip Company Phone Number



PHOTO

EMERGENCY CARE CONTACTS

Kennel / Daycare Name

Address

Emergency Phone

Other Phone Number

Name / Relationship

Address

Cell Phone Number

Other Phone Number

VETERINARIAN

Name

Company / Affiliation

Phone Number

After Hours / Emergency Phone Number

FOOD PREFERENCES



PET SITTER

Name

Phone

PET WALKER

Name

Phone

PET INSURANCE

Name of Carrier

Phone Number

Agent

Policy Number

Username

Agent Phone Number

MEDICATION

NAME	AMOUNT	FREQUENCY	TIME OF DAY TAKEN

ALLERGIES

TYPE	TYPICAL REACTION	TREATMENT



PROPERTY INFORMATION

Property Location

Emergency Contact / Property Access

Name

Phone Number

Has Spare Keys Yes No

If No, Property Access Instructions

Landlord

Name

Account Number, if applicable

Phone Number

Cell / Emergency Number

Property Manager

Name

Account Number

Phone Number

Cell / Emergency Number

Vehicle Info *If primary vehicle is not in regular spot, check these locations.*

Primary Vehicle

Parking Location (Work, Train Station, School, etc.)

Phone Number

Parking Location (Work, Train Station, School, etc.)

Phone Number



PRIMARY CARE PHYSICIAN

Name

Phone Number

Group / Hospital Affiliation

PHARMACY

Name

Phone Number

Location

OTHER PHYSICIAN OR SPECIALIST

Name

Phone Number

Group / Hospital Affiliation

Specialty

HOME DELIVERY PHARMACY

Name

Phone Number

Member / Id Number

Username

OTHER PHYSICIAN OR SPECIALIST

Name

Phone Number

Group / Hospital Affiliation

Specialty

HEALTHCARE PORTAL

Web Address

Username

Phone Number

PREFERRED HOSPITAL

Name



PRIMARY HEALTH INSURANCE

_____ Name of Carrier	_____ Name of Insured
_____ Phone Number	_____ After Hours / Emergency Phone Number
_____ Member ID	_____ Group / Plan Number

OTHER HEALTH INSURANCE *Types of insurance to include: prescription drug coverage, Medigap, Veteran's Health System. Record disability and long term care insurance in the Finances section.*

_____ Name of Carrier	_____ Name of Insured
_____ Type of Insurance	_____ Phone Number
_____ Member ID	_____ Group / Plan Number

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_____ Type of Insurance	_____ Phone Number
_____ Member ID	_____ Group / Plan Number

_____ Name of Carrier	_____ Name of Insured
_____ Type of Insurance	_____ Phone Number
_____ Member ID	_____ Group / Plan Number



DENTAL INSURANCE Not Applicable

Name of Carrier

Name of Insured

Phone Number

Member ID

Group / Plan Number

VISION INSURANCE Not Applicable

Name of Carrier

Name of Insured

Phone Number

Member ID

Group / Plan Number

DENTIST Not Applicable

Name

Phone Number

Group / Hospital Affiliation

OPTOMETRIST Not Applicable

Name

Phone Number

Group / Hospital Affiliation



ALLERGIES / DRUG SENSITIVITIES List any known allergies or drug sensitivities. Print extras before starting if you need more room.

TYPE OF ALLERGY / SENSITIVITY	TYPICAL REACTION	TREATMENT	TREATING PHYSICIAN



MEDICAL CONDITIONS List any medical conditions for which you are being treated. Print extras before starting if you need more room.

CONDITION	DATE OF ONSET	TREATMENT	TREATING PHYSICIAN



MEDICATION RECORD Include all prescription, over-the-counter drugs, vitamins, and herbal supplements. Print extras if needed.

MEDICATION	DOSE	FORM	FREQUENCY	TIME OF DAY	REASON	PRESCRIBED BY



MEDICAL DIRECTIVES

Living Will Yes No Location _____

Name of Legal Representative

Phone Number

Contact Name (*Who has access to document*)

Phone Number

DNR Order Yes No Location _____

Physician Name

Phone Number

Contact Name (*Who has access to document*)

Phone Number

Power of Attorney for Healthcare Yes No Location _____

Name of Health Care Agent / Proxy

Phone Number

Contact Name (*Who has access to the document*)

Phone Number

Organ Donor Yes No State Where Registered _____

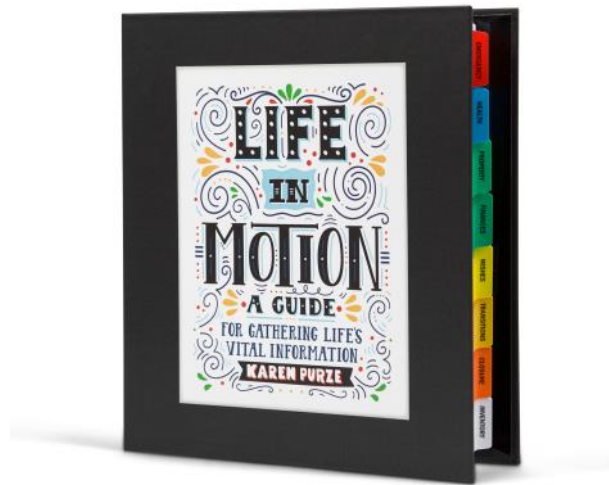
Donation of the Body Yes No (*See Final Wishes section for details*)



UPDATE HISTORY

Date Last Updated	Summary of Key Changes	Updated By

READY FOR MORE?



Creating an emergency plan is a great first step, but you know it takes more than this to keep your life in motion!

These forms came from *Life in Motion*, a guided workbook to help you get all of your personal information organized so it's ready when you or your family need it.

It has all the forms, checklists, and document inventory sheets you need to quickly record your most important personal information:

- ◆ Emergency Plans
- ◆ Personal Health Record
- ◆ Property Information
- ◆ Financial Assets (and Liabilities)
- ◆ Final Wishes
- ◆ Document Inventory

Includes Bonus Section on Estate Settlement!

GET YOURS AT LIFEINMOTIONGUIDE.COM!

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