THE ESSENTIAL DOCUMENTS CO.

BEFORE THE CRISIS COMES

The Family Caregiver's Complete Planning Binder

A planning binder to help families gather, organize, and protect the information that matters most — before a crisis makes it urgent.

Created by a Certified Notary Professional
& Former Deputy Chief HIPAA Privacy Officer

A Welcome From Denise

Certified Notary Professional · Former Deputy Chief HIPAA Privacy Officer · 15+ Years Healthcare Compliance Experience

I created this binder because I have seen what happens when families are not prepared.
During my years as a Deputy Chief Privacy Officer at a major healthcare system, I watched families arrive at hospitals in crisis — only to discover they had no legal authority to make decisions, no documentation to share with providers, and no clear plan for what came next. It was preventable every single time.

As a Certified Notary Professional, I have also sat across from families who waited too long, who needed documents completed urgently, under stress, when calm planning would have served them so much better.

This binder is my answer to both of those moments. It exists so your family has what it needs — organized, accessible, and ready — before the crisis arrives.

Complete it at your own pace. Review it with the people you love. Update it when life changes. And know that taking this step is one of the most important things you can do for the people who matter most to you.

With care,
Denise

TheEssentialDocuments Co.

Important Notice

Please read before using this binder

Important Disclaimer: This resource is for educational and organizational purposes only. It is not legal, medical, or financial advice, and it is not a substitute for guidance from a licensed attorney, physician, or other qualified professional. Document requirements, healthcare rules, execution formalities, and legal standards vary by state, provider, care setting, and individual circumstances.
Completing this binder does not create legal documents or make any document valid or enforceable. The checklists, inventories, and prompts inside are organizational tools designed to help individuals and families identify what they have, what they may need to discuss with qualified professionals, and what conversations should happen before a crisis removes the opportunity to have them.

Always consult a licensed attorney for legal document preparation and a qualified healthcare provider for medical decisions. HIPAA and state-specific legal requirements are referenced in general terms only.

How To Use This Binder

One simple page — read this first

Print	Print only the pages your family needs. You do not need to complete every section.
Fill In	Complete each section with your loved one whenever possible. Their voice matters most.
Store	Keep in an accessible, known location — a bedside drawer, home office, or family binder. Keep copies where trusted family members can access them if needed.
Share	Make sure key family members and caregivers know exactly where this binder is kept.
Update	Review at least once a year or after any major health change, move, or life event.
Bring	Take to medical appointments, hospital visits, and any legal or financial meetings.

Personal Profile

Basic identifying information for your loved one

Full Legal Name	
Preferred Name / Nickname	
Date of Birth	
Social Security Number (last 4 digits only)	
Marital Status	
Lives Alone? (Yes / No)	
Current Home Address	
City, State, ZIP	
Primary Phone	
Secondary Phone	
Email Address	
Primary Language	
Communication Needs / Accommodations	
Primary Caregiver Name & Relationship	
Preferred Hospital	
Religious or Spiritual Preferences	
Cultural Considerations	

Emergency Contacts

Who should be called — and in what order

Emergency Contact #1

Full Name	
Relationship to Loved One	
Primary Phone	
Secondary Phone / Cell	
Email Address	
City and State	

Emergency Contact #2

Full Name	
Relationship to Loved One	
Primary Phone	
Secondary Phone / Cell	
Email Address	
City and State	

Emergency Contact #3

Full Name	
Relationship to Loved One	
Primary Phone	
Secondary Phone / Cell	
Email Address	
City and State	

Who should be called FIRST in a medical emergency? _____

Who is designated in legal documents to make decisions, if applicable? _____

Medical Summary

Key health information every caregiver and provider should know

Primary Diagnosis / Diagnoses	
Date of Primary Diagnosis	
Secondary Conditions	
Known Allergies — Medications	
Known Allergies — Foods / Environmental	
Allergy Reactions / Severity	
Major Surgeries or Procedures (with approximate dates)	
Recent Hospitalizations (facility and approximate date)	
Code Status, if known (Full Code / DNR / Other)	
Current Health Concerns	
Mobility Status	
Vision Notes	
Hearing Notes	
Cognitive / Memory Concerns	
Fall Risk	
Dietary Restrictions	
Height / Weight, if useful for care or medication reference	

Current Medication List

Update at every appointment — bring this page to every visit

Medication Name	Dose	Frequency	Purpose	Start Date	Prescribing Provider

Over-the-counter medications, vitamins, and supplements:

Date this medication list was last reviewed: _____

Physicians & Care Providers

A complete directory of your loved one's healthcare team

Primary Care

Provider / Practice Name	
Phone Number	
Address	
Notes / Next Appointment	

Specialist 1 (note specialty in name field)

Provider / Practice Name	
Phone Number	
Address	
Notes / Next Appointment	

Specialist 2 (note specialty in name field)

Provider / Practice Name	
Phone Number	
Address	
Notes / Next Appointment	

Specialist 3 (note specialty in name field)

Provider / Practice Name	
Phone Number	
Address	
Notes / Next Appointment	

Specialist 4 (note specialty in name field)

Provider / Practice Name	
Phone Number	
Address	
Notes / Next Appointment	

Specialist 5 (note specialty in name field)

Provider / Practice Name	
Phone Number	
Address	
Notes / Next Appointment	

Specialist 6 (note specialty in name field)

Provider / Practice Name	
Phone Number	
Address	
Notes / Next Appointment	

Home Health Agency / Therapy

Provider / Practice Name	
Phone Number	
Address	
Notes / Next Appointment	

Mental Health / Counselor

Provider / Practice Name	
Phone Number	
Address	
Notes / Next Appointment	

Dentist

Provider / Practice Name	
Phone Number	
Address	
Notes / Next Appointment	

Eye Doctor / Optometrist

Provider / Practice Name	
Phone Number	
Address	
Notes / Next Appointment	

Case Manager / Social Worker

Provider / Practice Name	
Phone Number	
Address	
Notes / Next Appointment	

Preferred Pharmacy

Provider / Practice Name	
Phone Number	
Address	
Notes / Next Appointment	

◆Insurance Information

Keep this section current — required at every hospital and clinic visit

Primary Health Insurance

Insurance Carrier / Company Name	
Member ID Number	
Group Number	
Policy Holder Name	
Policy Holder Relationship to Patient	
Policy Holder Date of Birth	
Customer Service Phone Number	
Plan Website or Portal	
Claims Mailing Address	
Effective Date of Coverage	
Copy of Card Stored Where	

Medicare Information

Medicare Beneficiary Identifier (MBI)	
Medicare Part A — Hospital — Effective Date	
Medicare Part B — Medical — Effective Date	
Medicare Part D — Prescription Plan Name	
Medicare Part D Plan Phone Number	
Medicare.gov Portal Login Location	

Medicaid Information (if applicable)

Medicaid ID Number	

State Medicaid Office Phone	
Managed Care Plan Name (if applicable)	

Supplemental & Long-Term Care Insurance

Supplemental Plan Name	
Plan ID / Member Number	
Customer Service Phone	
Long-Term Care Insurance Provider	
Long-Term Care Policy Number	
Long-Term Care Customer Service Phone	
Notes about when benefits begin or what conditions must be met	

◆Benefits & Income Sources

Important to review early during a serious illness, hospitalization, or after death

Some income sources do not stop automatically, and family members may need to notify agencies or institutions promptly after a hospitalization or death. Keep this section current and accessible.

Social Security

Monthly Benefit Amount	
Payment Deposit Date	
Direct Deposit Bank	
SSA Phone (800-772-1213)	
My Social Security Account / Reference Number	

Pension Income

Pension Plan Name / Employer	
Monthly Benefit Amount	
Contact Phone Number	
Account or Claim Number	
Survivor Benefits Available (Yes / No / Unknown)	

VA Benefits (if applicable)

VA Claim Number	
Monthly Benefit Amount	
VA Regional Office Phone	
VA Medical Center / Facility	
Disability Rating / Percentage	

Annuity or Investment Income

Institution / Company Name	
Account Number	
Monthly or Annual Amount	
Contact Phone	
Beneficiary Named	

Other Income Sources

Source / Description	
Monthly Amount	
Contact Phone	
Notes	

Why These Documents Matter

A note from a Certified Notary Professional & Former Deputy Chief HIPAA Privacy Officer

In my years of work as a mobile notary and former Deputy Chief Privacy Officer at a major healthcare system, I saw families face the same painful problem again and again: a medical crisis or major health event happens, and no one is fully prepared. Important documents are missing, decision-making authority is unclear, and family members are left trying to solve urgent problems under significant stress.

Without the right documents in place, families can face delays, confusion, disagreement, and added legal or administrative steps at the worst possible time. This binder exists to help families get organized before that happens.

The documents in this section do not require wealth or a large legal budget. They require one thing: ***action before the moment of crisis arrives.*** This binder exists to make sure you are ready.

Document 1 of 6

Last Will & Testament

WHAT THIS DOCUMENT DOES

A legal document stating how a person wishes their assets, property, and belongings to be distributed after death. It designates an executor — the person responsible for carrying out those wishes — can name guardians for minor children or dependents, subject to applicable state law and court approval where required

■ ***WITHOUT THIS DOCUMENT: Without a will, state law generally determines how assets are distributed. That process can take time, increase costs, and create confusion or conflict for family members already dealing with loss.***

DOCUMENT STATUS TRACKER

Document Completed? (Yes / No / In Progress)	
Date Completed / Signed	
Attorney Who Prepared the Document	
Notary Who Notarized the Signature	
Witnesses Used (if required by state)	
Where Original Document is Stored	
Who Has the Original	
Who Has a Copy	
Who Has a Scan or PDF Copy	
Date Last Reviewed	
Notes	

Document 2 of 6

Durable Financial Power of Attorney

◆ WHAT THIS DOCUMENT DOES

Authorizes a designated person — the agent — to manage financial matters including banking, bill paying, property, and investments. 'Durable' means it remains in effect even if the person who created it becomes incapacitated.

■ ***WITHOUT THIS DOCUMENT: Without a valid financial power of attorney, family members may not have authority to handle financial matters, and court involvement may be required before someone can legally act on the person's behalf.***

DOCUMENT STATUS TRACKER

Document Completed? (Yes / No / In Progress)	
Date Completed / Signed	
Attorney Who Prepared the Document	
Notary Who Notarized the Signature	
Witnesses Used (if required by state)	
Where Original Document is Stored	
Who Has the Original	
Who Has a Copy	
Who Has a Scan or PDF Copy	
Date Last Reviewed	
Notes	

Document 3 of 6

Healthcare Power of Attorney (Medical POA)

◆ WHAT THIS DOCUMENT DOES

This document names the person authorized to make medical decisions if you are unable to make or communicate those decisions yourself. It is one of the most important documents in any family planning binder because it helps clarify who should speak on your behalf during serious illness, hospitalization, or incapacity.

■ ***WITHOUT THIS DOCUMENT: Without a valid Healthcare Power of Attorney, decision-making authority may be unclear. Family members may disagree about who should speak for the patient, and healthcare providers may rely on applicable law, facility policy, and clinical judgment when deciding who may participate in decisions or receive information***

DOCUMENT STATUS TRACKER

Document Completed? (Yes / No / In Progress)	
Date Completed / Signed	
Attorney Who Prepared the Document	
Notary Who Notarized the Signature	
Witnesses Used (if required by state)	
Where Original Document is Stored	
Who Has the Original	
Who Has a Copy	
Who Has a Scan or PDF Copy	
Date Last Reviewed	
Notes	

Document 4 of 6

HIPAA Authorization Form

WHAT THIS DOCUMENT DOES

A signed authorization allowing specific named individuals to receive medical information from providers. This is separate from a Healthcare POA and serves a different purpose — it can permit providers to share specified information with named individuals, subject to the scope of the signed authorization and provider requirements

■ ***WITHOUT THIS DOCUMENT: A HIPAA authorization is often helpful because it can make communication smoother and reduce delays. It is especially useful when family members need access to information during routine care. Requirements and scope vary by provider and situation. Discuss the appropriate documents with your attorney and healthcare providers.***

DOCUMENT STATUS TRACKER

Document Completed? (Yes / No / In Progress)	
Date Completed / Signed	
Attorney Who Prepared the Document	
Notary Who Notarized the Signature	
Witnesses Used (if required by state)	
Where Original Document is Stored	
Who Has the Original	
Who Has a Copy	
Who Has a Scan or PDF Copy	
Date Last Reviewed	
Notes	

Document 5 of 6

Advance Healthcare Directive / Living Will

◆ WHAT THIS DOCUMENT DOES

A document stating a person's wishes regarding end-of-life medical care — including preferences about life-sustaining treatment and other end-of-life care, as permitted by applicable law and the document used

■ ***WITHOUT THIS DOCUMENT: Without an advance directive, families and care teams may have less guidance about a person's treatment wishes during serious illness or end-of-life situations. That can leave loved ones making difficult decisions under stress and without clear direction from the person they are trying to honor.***

DOCUMENT STATUS TRACKER

Document Completed? (Yes / No / In Progress)	
Date Completed / Signed	
Attorney Who Prepared the Document	
Notary Who Notarized the Signature	
Witnesses Used (if required by state)	
Where Original Document is Stored	
Who Has the Original	
Who Has a Copy	
Who Has a Scan or PDF Copy	
Date Last Reviewed	
Notes	

Document 6 of 6

Do Not Resuscitate Order (DNR) — if applicable

◆ WHAT THIS DOCUMENT DOES

A Do Not Resuscitate order is a medical order completed in accordance with state law and the requirements of the treating provider or care setting. It tells healthcare professionals not to perform CPR if breathing or heartbeat stops.

■ ***WITHOUT THIS DOCUMENT: Without a valid DNR order in the form required by the applicable state or care setting, medical personnel may be required to follow standard resuscitation protocols. Requirements vary by state and setting. Work directly with the treating physician or other authorized clinician, and use the correct state-specific form where required***

DOCUMENT STATUS TRACKER

Document Completed? (Yes / No / In Progress)	
Date Completed / Signed	
Attorney Who Prepared the Document	
Notary Who Notarized the Signature	
Witnesses Used (if required by state)	
Where Original Document is Stored	
Who Has the Original	
Who Has a Copy	
Who Has a Scan or PDF Copy	
Date Last Reviewed	
Notes	

Master Documents Checklist

Check off what is complete — identify what still needs attention

Identification & Coverage

- ☐ Government-issued photo ID (driver's license or state ID)
- ☐ Passport (if applicable)
- ☐ Social Security card
- ☐ Medicare card
- ☐ Medicaid card (if applicable)
- ☐ Primary health insurance card
- ☐ Supplemental insurance card
- ☐ Prescription drug plan card
- ☐ Long-term care insurance policy documents
- ☐ Veteran's ID / VA card (if applicable)

Legal & Planning Documents

- ☐ Last Will & Testament
- ☐ Durable Financial Power of Attorney
- ☐ Healthcare Power of Attorney (Medical POA)
- ☐ HIPAA Authorization Form
- ☐ Advance Healthcare Directive / Living Will
- ☐ Do Not Resuscitate Order — DNR (if applicable and desired)
- ☐ Trust documents (if applicable)
- ☐ Deed to property / real estate documents
- ☐ Funeral or burial instructions / pre-arrangements
- ☐ Life insurance policies

Financial & Benefits Information

- ■ Bank account information (institution name and account numbers)
- ■ Investment or retirement account information
- ■ List of monthly bills and automatic payments
- ■ Safe deposit box location and key
- ■ Social Security / pension / VA benefit contact information
- ■ List of important online accounts and instructions for where secure access information is stored

◆Legal & Planning Documents Inventory

Track the status and location of every important document in one place

Document	Completed?	Where Stored	Who Has Original	Who Has a Copy	Shared With	Date Reviewed
Last Will & Testament						
Financial Power of Attorney						
Healthcare Power of Attorney						
HIPAA Authorization Form						
Advance Directive / Living Will						
DNR Order (if applicable)						
Trust Documents						
Life Insurance Policy						
Property Deed						
Funeral / Burial Instructions						
Long-Term Care Policy						
Other: _____						
Other: _____						

Consider providing copies to the people named to act on your behalf, as appropriate, and confirm with your attorney what should be shared and where originals should be kept.

Review and update your documents after a divorce, remarriage, death of a named agent, major move, major financial change, or significant change in health.

End-of-Life Preferences

Wishes that go beyond legal forms — a gift to the people who love you

This page is not a legal document. It is a personal record of wishes and preferences that can guide family members when the time comes. Completing it is an act of love and clarity.

Final Arrangements

Burial or Cremation Preference	
Preferred Cemetery (if burial)	
Plot Location (if purchased)	
Funeral Home Preference	
Pre-Arranged Funeral (Yes / No)	
Pre-Arrangement Contract Location	

Memorial or Service Preferences

Type of Service (funeral, celebration of life, private, graveside)	
Preferred Location for Service	
Clergy or Officiant Preference	
Faith Tradition or Religious Preferences	
Preferred Music or Readings	
Flowers or Charitable Donations in Lieu Of	
Special Requests for the Service	

Obituary Wishes

Preferred Newspapers or Publications	
Key Life Achievements to Include	

Family Members to Mention	
Photo Preference	
Anything to Exclude	

People to Notify

Name — Relationship — Phone (1)	
Name — Relationship — Phone (2)	
Name — Relationship — Phone (3)	
Name — Relationship — Phone (4)	
Employer or Organization to Notify	
Faith Community or Congregation to Notify	
People Who Should NOT Be Notified (and reason, if desired)	

Digital Memorial Preferences

Social Media Accounts — Memorial or Delete?	
Online Memorial Preference (Yes / No / No Preference)	
Who Should Manage Digital Accounts	
Any Other Digital Wishes	

Final Personal Wishes

Use this space for anything else — personal messages, specific items to be given to specific people, or wishes that do not fit elsewhere.

Hospital Go-Bag Checklist

Keep this page near the binder or inside the front cover — ready to grab when every minute counts

Pack this bag now — before you need it. When a crisis happens you will not have time to search. Review every six months and update as anything changes.

Identification & Insurance

- ☐ Government-issued photo ID
- ☐ Primary health insurance card
- ☐ Supplemental / secondary insurance card
- ☐ Medicare card
- ☐ Medicaid card (if applicable)

Medical Information — Bring Current Printed Copies If Available

- ☐ Current medication list — names, doses, frequencies, prescribers
- ☐ List of current medications if full sheet is not available
- ☐ Allergy list with reactions and severity noted
- ☐ Primary care physician name and phone number
- ☐ Specialist contact information
- ☐ Brief medical history — diagnoses and major surgeries

Legal Authority Documents — Bring Copies, Not Originals

- ☐ Healthcare Power of Attorney (Medical POA)
- ☐ HIPAA Authorization Form — lists all authorized individuals
- ☐ Advance Healthcare Directive / Living Will
- ☐ DNR Order — if applicable and desired

Contacts

- ☐ Primary emergency contact — name and phone

- ☐ Secondary emergency contact — name and phone
- ☐ Healthcare Agent / POA holder — name and phone
- ☐ Attorney — name and phone if documents may be questioned

Practical Items

- ☐ This binder or key pages from it
- ☐ Glasses, hearing aids, or other assistive devices if applicable
- ☐ Phone charger
- ☐ Small notebook and pen

Never bring original signed documents to a hospital. Bring copies only. Keep originals in a safe, known location at home.

◆ *Notes for Family & Caregivers*

Things I want my family to know, remember, or understand

You Have Taken The First Step

Organized families face difficult moments with more clarity and less chaos

Completing this binder is an act of care. You have gathered the information that can reduce confusion, support your family, and help others honor your loved one's wishes when difficult moments arise.

The next step is making sure any legal documents on your checklist are properly prepared, signed, witnessed, and notarized according to your state's requirements. Work with a licensed attorney and a qualified notary in your area when needed.

Prepared information reduces stress in the most difficult moments. Review and update this binder at least once a year, or after any major health change, move, legal update, or family transition.

◆ Before You Sign

Many legal documents have specific signing requirements that must be followed before they become effective.

Depending on the document and the state where it is executed, those requirements may include witnesses, notarization, or both. Before signing any document discussed in this guide, verify the requirements that apply in your state. If an attorney prepared the document, follow their instructions carefully.

Do not assume that every document requires notarization. Do not assume that a witness requirement in one state applies in another. A few minutes spent confirming the proper signing requirements can help ensure the document will be available when it is needed most.

◆ LOCATED IN THE GREATER ST. LOUIS, MISSOURI AREA?

Appointments are available at homes, senior living communities, hospitals, rehabilitation facilities, campuses, and other convenient locations throughout the Greater St. Louis area.

Specializing in Powers of Attorney, Advance Directives, Healthcare Documents, and Family Planning Documents.

First Choice Notary Svcs. — Denise Hill, Certified Notary Professional

Former Deputy Chief HIPAA Privacy Officer

314-926-0433

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If outside the Greater St. Louis area, or in another state consider: a licensed attorney in your state · your state bar association's referral service · military legal assistance offices for active-duty service members · mobile notaries in your area.

This guide is provided for educational and informational purposes only and does not constitute legal advice. Laws, forms, execution requirements, and institutional policies vary by state and may change over time. Always verify current requirements with the appropriate institution and consult a licensed attorney in your state regarding legal documents and planning decisions.