## All in the Family

(Family Caregiver Checklist)

BASIC INFORMATION:	
First, Middle, Last Name:	
Maiden Name:	
Place of Birth/city and state:	
Date of Birth:	
Marital Status:	Married Divorced Widowed Never married
Telephone Number (mobile and/or landline)	
Current Address:	
Telephone/landline:	
Telephone/cell:	
EMAIL Address #1:	
EMAIL Address #2:	
Blood Type:	
Military Veteran: Y N (Branch)	
FAMILY MEMBERS (given, surname, nickname)	Date of Birth/Telephone/Spouse
Spouse:	
Date of Marriage:	
CHILDREN:	
#1:	
#2:	
#3:	
Sisters:	
Brothers:	
Grandchildren:	
MEDICAL (account numbers where applicable)	
Primary Medical Insurance:	
Supplementary Medical Insurance:	
Other/medical insurance:	
Electronic Medical Record (username, password)	
Diagnoses:	
Allergies:	
Primary Care Physician (name, address, phone#):	
SPECIALIST(s):	
SPECIALIST(s):	
Medication(s):	
Medication(s):	

Medication(s):	
Family Medical History:	
Preferred Hospital:	
LICENSES/POLICIES	
Birth Certificate (attach certified copy):)	
Driver's License (attach copy):	
Social Security (attach copy):	
Auto Insurance (attach copy):	
Home Insurance (company + contact info):	
Life Insurance (company + contact info):	
Marriage License/Divorce Decree:	
Military Record (DD214):	
Burial Insurance:	
BANKING	
Checking Account (voided check):	
Checking Account (voided check):	
Savings Account (voided deposit slip):	
401k Account:	
Mortgage (bank, loan#):	
Retirement Account(s):	
Securities:	
AUTO PAY Account#1:	
AUTO PAY Account#2:	
AUTO PAY Account#3:	
PASSWORDS (usernames too!)	
Banking (online):	
Cell Phone:	
Laptop:	
Home Computer:	
Email #1:	
Email#2:	
Desktop computer/ipad:	
Facebook:	
Twitter:	
LinkedIn:	
ONLINE ACCOUNTS	
Netflix:	
Amazon:	
Credit Card#1:	
Credit Card#2:	