

I have a *Directive to Physicians and Family or Surrogates (Living Will)*

Yes No

My Health Care Agent to contact if my medical condition renders me unable to speak for myself:

Name _____

Phone _____

Backup Agent _____

Phone _____

Allergies _____

My Pharmacy _____

City _____

Phone _____

Primary Care Physician

Name _____

City _____

Phone _____

Emergency Medical Info	
My Name	_____
Date of Birth	_____
My Phone	_____

Emergency Contacts

Name _____

Phone _____

Name _____

Phone _____

Additional Information

Printing your wallet card

1. Print **double-sided** on standard 8 1/2" x 11" paper.
2. Trim and fold card as explained below.

Trimming & Folding



1. Trim away this entire column with directions so your wallet card will be the same width as a credit card.

Optional:

If you plan to add **Additional Information** on the bottom section of the card, **fold the card horizontally on the dotted line.** (Otherwise, cut the bottom section off.)

2. Fold the card vertically, straight down the middle.
3. Fold the card horizontally in thirds.

The **Emergency Medical Info'** box should be facing up.

Healthcare Specialists

Name _____ Specialty _____ Phone _____

Name _____ Specialty _____ Phone _____

Name _____ Specialty _____ Phone _____

Medications & Supplements

Drug / Supplement	Strength	How Often
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Optional Pet Alert: I have _____ pet(s) by themselves at home.

All information on this form is current as of (date) _____

This wallet card was created by and is available from
Funeral Consumers Alliance of Central Texas
www.fcactx.org 512-480-0555 office@fcactx.org

Additional Information