

Worksheet 6: Healthcare Decisions & Contacts (Parent 1)

Goal: Help your family record essential medical contacts, document healthcare wishes, and ensure everyone knows who will make decisions if your parent cannot.

Section 1: Key Medical Contacts

1. Primary Care Physician

Name: _____

Phone: _____

Hospital: _____

2. Specialist #1

Name: _____

Phone: _____

Office: _____

3. Specialist #2

Name: _____

Phone: _____

Office: _____

Worksheet 6: Healthcare Decisions & Contacts (Parent 1)

4. Preferred Hospital/Clinic

Name: _____

Phone: _____

Website: _____

5. Preferred Urgent Care

Name: _____

Phone: _____

Website: _____

6. Preferred Pharmacy

Name: _____

Phone: _____

Website: _____

Worksheet 6: Healthcare Decisions & Contacts (Parent 1)

Section 2: Decision Makers & Healthcare Documents

Document/Role	Done	Who Holds It	Notes/Next Steps
Medical Power of Attorney (Healthcare Proxy)			
Living Will/Advance Directive			
DNR (Do Not Resuscitate) Order			
Organ Donation Preference			
HIPAA Release Form			
Emergency Contact List			

Worksheet 6: Healthcare Decisions & Contacts (Parent 1)

Section 3: Healthcare Wishes

Topic	Preference	Notes
Hospital vs Home Care		
Life Sustaining Treatment (Ventilator/Feeding Tube)		
Pain Management/Comfort Measures		
Spiritual / Religious Requests		
Other Wishes		

Pro Tip: Review this worksheet together after every major health change or hospital stay; small updates now prevent big confusion later.

Worksheet 6B: Healthcare Decisions & Contacts (Parent 2)

Goal: Help your family record essential medical contacts, document healthcare wishes, and ensure everyone knows who will make decisions if your parent cannot.

Section 1: Key Medical Contacts

1. Primary Care Physician

Name: _____

Phone: _____

Hospital: _____

2. Specialist #1

Name: _____

Phone: _____

Office: _____

3. Specialist #2

Name: _____

Phone: _____

Office: _____

Worksheet 6B: Healthcare Decisions & Contacts (Parent 2)

4. Preferred Hospital/Clinic

Name: _____

Phone: _____

Website: _____

5. Preferred Urgent Care

Name: _____

Phone: _____

Website: _____

6. Preferred Pharmacy

Name: _____

Phone: _____

Website: _____

Worksheet 6B: Healthcare Decisions & Contacts (Parent 2)

Section 2: Decision Makers & Healthcare Documents

Document/Role	Done	Who Holds It	Notes/Next Steps
Medical Power of Attorney (Healthcare Proxy)			
Living Will/Advance Directive			
DNR (Do Not Resuscitate) Order			
Organ Donation Preference			
HIPAA Release Form			
Emergency Contact List			

Worksheet 6B: Healthcare Decisions & Contacts (Parent 2)

Section 3: Healthcare Wishes

Topic	Preference	Notes
Hospital vs Home Care		
Life Sustaining Treatment (Ventilator/Feeding Tube)		
Pain Management/Comfort Measures		
Spiritual / Religious Requests		
Other Wishes		

Pro Tip: Review this worksheet together after every major health change or hospital stay; small updates now prevent big confusion later.