Checklist: information about you and your care recipient

Filling out this page can make it easier to find the information when you need it.

About you

Name: _____

Address: _____

Mobile phone: _____

Work/home phone: _____

Health card number: _____

Family doctor: _____

Pharmacy: _____

Health Insurance company: _____

Policy number: _____

About your care recipient

Name: _____

Address: _____

Mobile phone: _____

Work/home phone: _____

Health card number: _____

Family doctor: _____

Pharmacy: _____

Health Insurance company:

Policy number: _____

EMERGENCY (Ambulance, Police, Fire): 9-1-1