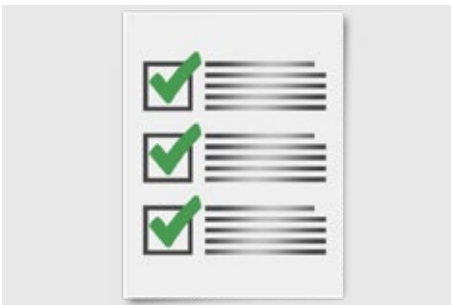
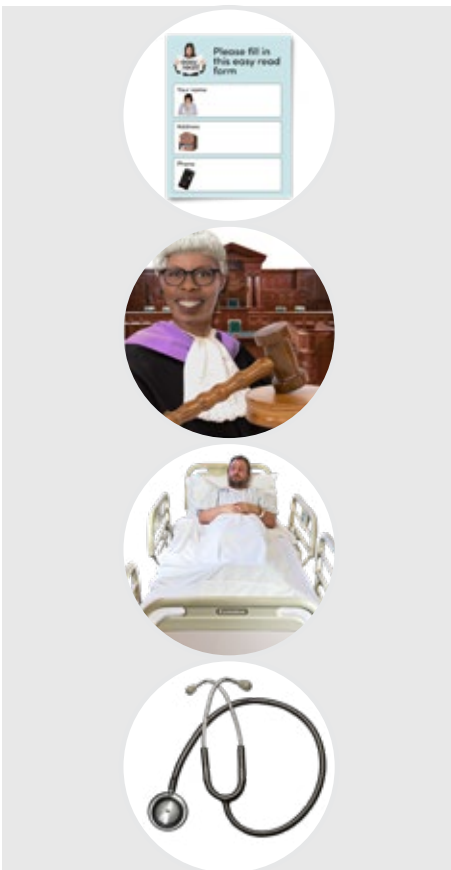


My name is



You can tick more than 1 box

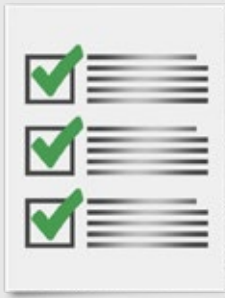


The forms in my care alert kit are

Enduring power of attorney

Advance care directive

Medical goals of care.



You can tick more than 1 box



Other info in my care alert kit



The name of my doctor



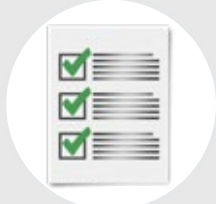
The names of other
health staff who help me



A list of my medications



Info about my allergies



My treatment plans



My emergency contact details.



Other info in my care plan.