

## H.E.L.P Worksheet

(Having an End of Life Plan)

This worksheet is meant as a tool to assist you in consolidating pertinent information and locations of needed documents. Fill out as much as you deem necessary. It is recommended that copies be given to those persons involved in your care.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

**Name, phone number of your physician(s):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have a living will on file with your doctor?**                      Yes      no

If yes, which doctor?

\_\_\_\_\_

**Do you have a will filed with an attorney or executor?**                      Yes      no

What is their contact information? \_\_\_\_\_

\_\_\_\_\_

**Do you have a designated health care agent: (list name and contact info)**

\_\_\_\_\_

Name: \_\_\_\_\_

**Location of Important Papers**

Last Will and Testament: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_

Health Insurance Policy: \_\_\_\_\_

Accident Insurance Policy: \_\_\_\_\_

Life Insurance Policy: \_\_\_\_\_

Organ Donation Card: \_\_\_\_\_

Naturalization Papers: \_\_\_\_\_

Armed Forces discharge: \_\_\_\_\_

Marriage Certificate/Divorce papers: \_\_\_\_\_

Automobile Title Information: \_\_\_\_\_

Income Tax Records: \_\_\_\_\_

Credit Accounts: \_\_\_\_\_

Safety Deposit Box/Key: \_\_\_\_\_

Retirement / Pension Plans: \_\_\_\_\_

Checking / Savings Accounts: \_\_\_\_\_

Securities (stocks, bonds, certificates): \_\_\_\_\_

**If you have a list of people (former employers, colleagues, relatives or friends) that might not otherwise find out about your death, please attach a list of names/phone numbers.**

I have given copies of my H.E.L.P worksheet to the following persons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_