“THAT SOMEDAY IS TODAY”

PORTFOLIO OF VITAL INFORMATION

PART

I

Emergencies

Names

___________________________________________

___________________________________________

___________________________________________

KEEP THIS BY YOUR TELEPHONE
Some suggestions for completing the Portfolio:

- Review the entire document to familiarize yourself with the information needed for completion.
- This document is designed to allow the listing of the personal and confidential records of two individuals with some page duplication and addenda as needed.
- If you need additional space to record or clarify information (addenda), binder paper inserted after the appropriate page would be appropriate. Name, date, and subject matter should be noted on the insert.
- It is recommended that information, which is subject to change, be listed in pencil.
- It is recommended that the Portfolio be reviewed periodically, at least once per year, and at any time major changes in personal circumstances may occur.
- The Portfolio forms are 'NOT ETCHED IN STONE'. As you complete the forms, you are encouraged to note changes you would make for its improvement. Send a copy of your suggestions to your Division Resource Services Committee Chairman.

Ordering Information:

CalRTA members are encouraged to obtain copies from their Division Resource Services Committee Chairman.

This publication is printed and distributed by the California Retired Teacher's Association Business Office.

Direct requests for copies to:

Portfolio
Resource Services Committee
c/o CalRTA Business Office
1750 Howe Avenue, Suite 630
Sacramento, CA  95825
EMERGENCY
Fire, Police, Search & Rescue or Medical

CALL 911

Needed information:

Type of Emergency (tell what happened)

Your phone number

Your address

Nearest cross street and any special directions

In some areas the caller’s phone number and address automatically appear on the emergency computer when 911 is dialed. You will then be asked to confirm address and phone number.

A description of the condition of any victims.

Do not hang up until told to do so by the emergency person.


NON-EMERGENCY Phone Numbers

Police

Fire Department

Hospital name phone

Doctor name phone

Neighbor name phone
### HEALTH CARE INFORMATION

<table>
<thead>
<tr>
<th>Yourself</th>
<th>Spouse/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td><strong>Name</strong></td>
</tr>
<tr>
<td><strong>Social Security #</strong></td>
<td><strong>Social Security #</strong></td>
</tr>
<tr>
<td><strong>Health Plan</strong></td>
<td><strong>Health Plan</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Med. Red. No.</strong></td>
<td><strong>Med. Red. No.</strong></td>
</tr>
<tr>
<td><strong>Primary Care Physician</strong></td>
<td><strong>Primary Care Physician</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Phone</strong></td>
<td><strong>Phone</strong></td>
</tr>
<tr>
<td><strong>Allergies</strong></td>
<td><strong>Allergies</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Condition</strong></td>
<td><strong>Medical Condition</strong></td>
</tr>
<tr>
<td><strong>Routine Medication</strong></td>
<td><strong>Routine Medication</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dentist</strong></td>
<td><strong>Dentist</strong></td>
</tr>
<tr>
<td><strong>Phone</strong></td>
<td><strong>Phone</strong></td>
</tr>
</tbody>
</table>

### IN THE EVENT OF SUDDEN ILLNESS OR ACCIDENT, PLEASE CONTACT:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Phone</strong></td>
<td><strong>Business Phone</strong></td>
</tr>
<tr>
<td>and/or</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Phone</strong></td>
<td><strong>Business Phone</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HOUSEHOLD PETS

Type of Pet ___________________________ Name ___________________________

Feeding (time, type of food, quantity)

Medical problems

Medication

Veterinarian
Name ___________________________ Phone ___________________________
Address ___________________________________________________________

Emergency Veterinary Medical Phone _________________________________________

Person who has agreed to care for pet(s) in case owner is incapacitated:
Name ___________________________ Phone ___________________________
Address ___________________________________________________________

Special instructions:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Page 5 of 6
LOCATOR FOR EMERGENCY INFORMATION

Health Plan card: include name of provider, group number and I.D. number.

Medicare card -- include number.

Durable Power of Attorney for Health Care

Durable Power for Finances

Declaration of Anatomical Gift

Portfolio of Vital Information Part II

Names and telephone numbers of persons to be notified immediately.

Physician or health care provider

Clergyman

Others