

Personal Information Record

My name: _____ Date: _____

Give a copy of this record to your representative. Keep this information up-to-date.

Below are five parts. List contacts and where information is kept.

Example: Health Care Card #: 12121 333 444. See wallet in black purse.

Part 1: Health Care Matters

If you have a chronic illness, it is a good idea to keep a record of your medical history, list of current medications, results of tests and scans, etc. Attach it to this sheet.

Family Physician:
Medical Specialists:
Dentist:
Optometrist:
Other health practitioners (physiotherapist, chiropractor, podiatrist, naturopath):
Pharmacy:
Prescription medications (list here or attach):
Non-prescription medications:
Allergies:
Health Care Card #:

Third party health/dental insurance:
Other health related information:

Part 2: Personal Care Matters

Community contacts (volunteering, clubs, activities, neighbours):
Family members and friends:
Spiritual contact (church, temple, priest, rabbi, etc.):
Housing information (strata contact, mobile home registry #, land title, landlord, Co-op contact):
Dietary needs:
Pets and Veterinarian:
Other personal care related information:

Part 3: Financial Affairs

Bank/Credit Union (list institutions and accounts):		
Safe deposit box:		
Monthly bills (note if paid directly from bank account):		
Phone:	Cable:	Mortgage/rent:
Electricity:	Gas:	Loan payments:
Other:		
Debts and Loans:		
Credit Cards:		
Debit Card:		
Investments and savings plans, term deposits:		
Pension Income (government, private):		
Other income (government benefits, annuity, rental income):		
Income tax records:		
Financial advisor:		
Insurance (life, home, vehicle, critical illness, etc...):		
Vehicles and Driver's License:		
Real estate property(s):		
Property tax and homeowner grant:		
Shares in recreational property:		
Mortgage details/rental agreement/shares agreement:		

Business interests:
Other financial related information:

Part 4: Legal Affairs

Representation Agreement – List location of original document & Nidus registration #:
Enduring Power of Attorney – List location of original document & Nidus registration #:
Will – List location of original. Did you register your Will?
List name of Lawyer / Notary Public:
Birth Certificate, Citizenship, Passport, Other Identification:
Other legal related information:

Part 5: Other

Organ and or tissue donor: (Signing up to be an organ and or tissue donor requires a special procedure. It’s free. For details, call 1-800-663-6189 or visit www.transplant.bc.ca) Are you registered?
Burial/cremation arrangements:
Other:

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 Nidus is a non-profit, charitable organization.

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