


Personal Safety Nets® Wallet Card

By filling and cutting this out you can keep this small information packet with you at all times.

<p>My name is : _____</p> <p>and I'm creating this PSN card so that, if there's ever an occasion where I'm in need of help but can't arrange it, or reach out on my own, there will be a plan. If a decision MUST be made and I'm sick, injured, traveling or unavailable for other reasons I'd like to be known: My birth date/place: _____</p> <p>Current address: _____ _____ _____</p>	<p>My personal safety net team – they know I count on them and know about each other. First call (they have all the details)</p> <p>1. _____ _____ _____</p> <p>2. _____ _____ _____</p> <p>3. _____ _____ _____</p>	<p>Primary care doctor: _____ _____</p> <p>Phone: _____ _____</p> <p>Hospital of choice: _____ _____</p> <p>Phone: _____ _____</p> <p>Prescriptions? (list separately): _____ _____ _____</p>	<p style="text-align: center;">My Personal Safety Net</p>  <p>My name: _____</p>
<p>Seattle, WA 98116 4701 SW Admiral Ave. #126 Mail to: www.PersonalSafetyNets.com Personal Safety Nets®</p>	<p>My Health Care Power of Attorney: _____ _____ _____</p> <p>DNR order _____ Living will _____ of Attorney _____ Health Care Power _____ A will _____ Attorney _____ Durable Power of _____ I have in place: _____</p>	<p>Business contacts: _____ _____ _____</p> <p>Spouse/partner? _____ _____</p> <p>Other? _____ _____</p>	<p>Allergies? _____ _____</p> <p>Insurance Company: _____ _____</p> <p>ID#: _____ _____</p> <p>Where are my car and house keys? _____ _____</p> <p>If I have pets, they are: _____ _____</p>
<p>How to contact him/her: _____ _____</p>	<p>Who knows where my important documents are kept? _____ _____</p>		<p>Fold</p>