

# ADVANCE CARE PLANNING

*start the conversation*

## Template Wallet Card

<b>Notice: I have an advance directive</b>	Specific instructions: _____
Name: _____	_____
My health care agent is: _____	My physician's name: _____
My health care agent's phone number is: _____	My physician's phone number: _____
A copy of my advance directive can be found: _____	Signature: _____

Feel free to add information to the back of the card, if you wish.

**NOTE: in some states, your wallet card can actually be your advance directive, if it is signed by the legally required witnesses and yourself. Check with your local hospital and/or an attorney for the rules in your specific state.**

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