

Friends and Family

Name: _____ Date: _____ Address Book Location: _____

Write the names of people who are to be kept informed of your medical status.

Name	Relationship	Address and Phone Number (Leave blank if the address and phone number(s) are listed in your phone/address directory)	Keep informed of my medical status. Write yes or no
All my children	Children	If not <u>all</u> children, specify whom.	
My parents	Parents	If not <u>both</u> parents, specify whom.	
My brothers and sisters	Brothers and Sisters	If not <u>all</u> brothers and sisters, specify whom.	

Name	Relationship	Address and Phone Number	Keep informed of my medical status. Check for yes only.
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