Responsibilities of Guardians

When Working with Healthcare Providers
Below are ideas for you to stay as up to date with your protected person and his/her personal medical situation as possible.

Important Information

1. What are the medical diagnoses of my protected person? A diagnosis is the name of a medical condition, a disease or illness. (he/she may have more than one diagnosis)

2. Are the medical conditions: (he/she may have some of each type of condition)
   a. Acute (short term):
   b. Chronic (on-going):
   c. Progressive (will get worse over time) or
   d. Terminal (no cure for the condition and will lead to your protected person’s death)

3. Who is the Primary Care Provider (PCP) for my protected person? ____________________________

4. Who are the Specialists involved in the care of my protected person? (he/she may have multiple specialists)
   a. Pulmonologist (lung doctor) ___________________________________________________________
   b. Cardiologist (heart doctor) __________________________________________________________
   c. Endocrinologist (diabetes doctor) _____________________________________________________
   d. Oncologist (cancer doctor) __________________________________________________________
   e. Hematologist (blood disorder doctor) _________________________________________________
   f. Nephrologist (kidney doctor) _________________________________________________________
   g. Neurologist (Brain doctor) __________________________________________________________
   h. Infections Disease _________________________________________________________________
   i. Other __________________________________________________________________________

5. Who are the main medical team members helping my protected person? (name/phone number)
   a. Nurses: ___________________________________________________________________________
   b. Social Workers: _____________________________________________________________________
   c. Case Managers: _____________________________________________________________________
   d. Pharmacists: ______________________________________________________________________
   e. Therapists: _________________________________________________________________________
   f. Primary Hospital: __________________________________________________________________
   g. Funeral Home of Choice: __________________________________________________________________
   h. Pharmacy of Choice: __________________________________________________________________
6. What Type of Insurance does my protected person have: (do you have copies of the cards?)
   a. Primary: __________________________________________
   b. Secondary: __________________________________________
   c. Prescription: __________________________________________

7. When was the last time I updated my contact information with the healthcare professionals involved in my protected person’s healthcare?

8. What upcoming appointments does my protected person have?
   a. Who is it with? __________________________________________
   b. What is the date and time of the appointment? _________________________
   c. Where is the appointment? __________________________
   d. Am I available to attend the appointment?
      i. In-person
      ii. Over telehealth
      iii. By phone
   e. If I can’t attend, how will I follow up?
      i. Call the doctor who provided care
      ii. Obtain copies of the medical record for the appointment
   f. Is informed consent needed for anything to be done at that appointment or have I already given it at a prior appointment?