

# 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

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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: \_\_\_\_\_

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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?