



Medical Go Plan & Bag

Checklist



Medical Go Plan Preparation: Organized Paperwork

make copies and place it in your go bag and share it with your emergency contacts and proxies:

☐ **Name**

☐ **Allergies**

☐ **Current Medication List**

Medical Summary:

☐ Conditions & Timeline of Procedures

Completed current:

☐ HIPAA release

☐ Healthcare Proxy

☐ Living Will / Personal Directive

☐ POLST form (if applicable)

☐ **Blood Type**

A current copy of your:

☐ Driver's License

☐ Insurance card / Medicare/Medicaid card (front and back)

☐ Supplemental Insurance Card (front and back)

☐ Emergency Contact name, relationship, contact information (phone number, email, cell phone number/can they be texted?)

Instructive summary about you (Face Sheet):

- include **instructions** about a condition that requires medication at specific intervals/on specific days and what you take, how often, and what happens if it is missed
- include a **mention** of glasses/hearing aids and/or mobility devices you need for activities of daily life, blood draw arm preference, right handed / left handed.

Identify

- your preferred hospitals and keep their contact information handy
- someone to assist with transportation as needed
- individuals to accompany you in the hospital / advocate for you

Go Bag Essentials (choose a sturdy small bag)

- ☐ **Documents** Insurance cards, photo ID, medication list, advance directives, emergency contact list
- ☐ **Medical** Hearing aids, eyeglasses, dentures, mobility aids
- ☐ **Clothing** Comfortable clothing, non-slip socks/slippers, extra underwear
- ☐ **Electronics** Phone, charger, tablet/e-reader, headphones
- ☐ **Personal** Small blanket, book, puzzle,
- ☐ **Toiletries** Toothbrush, toothpaste, deodorant, comb/brush, lip balm, lotion
- ☐ **Other** Notepad, clipboard, pen, important keys, Disinfecting wipes / hand sanitizer (to wipe down surfaces)



Review your plan every 6 months!



Notes:

Date Completed: _____

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