

A photograph of a male doctor with glasses and a beard, wearing a white lab coat over a blue shirt and dark tie. He has a stethoscope around his neck and is looking down at an elderly patient with white hair. The patient is seen from the side, wearing a light-colored checkered shirt. The background is a plain, light-colored wall. The entire image is overlaid with a semi-transparent dark grey filter.

WHAT MY LOVED ONES NEED TO KNOW MEDICAL

A financial planning guide for
after you're gone

GWS&A

GLOBAL
WEALTH
STRATEGIES &
ASSOCIATES

Client Name: _____

MY PERSONAL INFORMATION

My Medical Information

Complete this section to provide information about the doctor who oversees your overall medical care, your primary care physician. This individual is usually, but may not be, an internist or a general practitioner. For example, if you have a doctor who primarily takes care of you due to an ongoing medical condition (such as diabetes or cancer), you may consider that individual to be your personal physician. What's important here is not who an insurance company believes is your personal physician, but who you believe that person is.

Physician Name: _____

Practice Name (if applicable): _____

Address: _____

Type of Physician (specify): _____

Telephone: _____

Email Address: _____

Office Manager/Main Contact: _____

Comments About This Physician: _____

My Other Physicians

Physician 2

Name: _____

Practice Name (if applicable): _____

Address: _____

Type of Physician (specify):

Telephone: _____

Email Address: _____

Office Manager/Main Contact: _____

Comments About This Physician: _____

Physician 3

Name: _____

Practice Name (if applicable): _____

Address: _____

Type of Physician (specify):

Telephone: _____

Email Address: _____

Office Manager/Main Contact: _____

Comments About This Physician: _____

List any additional physicians in the Notes section of this guide

Additional physicians listed in the Notes section of this guide?

Yes No

My Hospitals

Please indicate below the hospitals that you use and why you generally seek treatment there.

Hospital/Surgical Facility 1

Name: _____

Address: _____

Telephone: _____

I prefer to use this medical facility for
(state the type of treatment you seek at this
medical facility): _____

Hospital/Surgical Facility 2

Name: _____

Address: _____

Telephone: _____

I prefer to use this medical facility for
(state the type of treatment you seek at this
medical facility): _____

List any additional hospitals/surgical facilities in the Notes section of this guide.

Additional hospitals/surgical facilities listed in the Notes section of this guide? Yes No

My Pharmacies

Please indicate below the pharmacies you generally use.

Pharmacy 1

Name: _____

Address: _____

Telephone: _____

Website: _____

Login ID and password (for any online prescriptions):

Pharmacy 2

Name: _____

Address: _____

Telephone: _____

Website: _____

Login ID and password (for any online prescriptions):

List any additional pharmacies in the Notes section of this guide.

Additional pharmacies listed in the Notes section of this guide? Yes No

MY PERSONAL INFORMATION

My Medical Information (continued)

My Medications

Please indicate below all of the medications that you currently take, including over-the-counter drugs.

Medication Name	Type of Medication	Dosage	How Often I Take It	Prescribed by (Physician Name)	Pharmacy
	<input type="checkbox"/> Over-the counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2
	<input type="checkbox"/> Over-the counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2
	<input type="checkbox"/> Over-the counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2
	<input type="checkbox"/> Over-the counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2
	<input type="checkbox"/> Over-the counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2
	<input type="checkbox"/> Over-the counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2
	<input type="checkbox"/> Over-the counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2
	<input type="checkbox"/> Over-the counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2
	<input type="checkbox"/> Over-the counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2

List any additional medications in the Notes section of this guide.

Additional medications listed in the Notes section of this guide? Yes No



My Health Care Proxy

Complete the section below to indicate who has the authority to make health care decisions on your behalf in the event that you are unable to do so.

Name: _____

Address: _____

Email Address: _____

Telephone: _____

Cell Phone: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Relationship: Spouse Friend Relative (specify relationship to you): _____

Have you executed a Health Care Proxy to designate this person as your health care representative? Yes No

If "Yes," where is your Health Care Proxy located? (specify): _____

NOTES



NOTES

A series of horizontal lines for writing notes, starting below the 'NOTES' header and extending to the bottom of the page.

You've helped your family feel more comfortable about tomorrow.

By completing the planning guide, you're sharing your final wishes and providing loved ones with the information they need to make decisions. It's important to review this guide annually and update it as needed. Your GWS&A financial professional can help you with these updates and offer guidance in tandem with your other trusted advisors.

Important!

Please be sure to keep this highly personal and sensitive information in a safe and secure place. And let your family members, executor and attorney know where that place is. If you need assistance, feel free to contact your GWS&A financial professional at any time.

GWS&A

GLOBAL
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