

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	
Dhysician 2	Dhysisian 2
Physician 2	Physician 3
Name:	Name:
Practice Name (if applicable):	Practice Name (if applicable):
Address:	Address:
Type of Physician (specify):	Type of Physician (specify):
Telephone:	Telephone:
Email Address:	Email Address:
Office Manager/Main Contact:	Office Manager/Main Contact:
Comments About This Physician:	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	Hospital/Surgical Facility 2		
Name:	Name:		
Address:	Address:		
Telephone:	Telephone:		
I prefer to use this medical facility for (state the type of treatment you seek at this medical facility):	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 set Additional hospitals/surgical facilities listed in the Notes sec My Pharmacies	-		
Please indicate below the pharmacies you generally use.			
Pharmacy 1	Pharmacy 2		
Name:	Name:		
Address:	Address:		
Telephone:	Telephone:		
Website:	Website:		
Login ID and password (for any online prescriptions):	Login ID and password (for any online prescriptions):		
List any additional pharmacies in the Notes section of this gu			

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
	Over-the counter				☐ Pharmacy 1 ☐ Pharmacy 2
	Over-the counter				☐ Pharmacy 1 ☐ Pharmacy 2
	Over-the counter				☐ Pharmacy 1 ☐ Pharmacy 2
	Over-the counter				☐ Pharmacy 1 ☐ Pharmacy 2
	Over-the counter				☐ Pharmacy 1 ☐ Pharmacy 2
	Over-the counter Prescription				☐ Pharmacy 1 ☐ Pharmacy 2
	Over-the counter				☐ Pharmacy 1 ☐ Pharmacy 2
	Over-the counter				☐ Pharmacy 1 ☐ Pharmacy 2
	Over-the counter				☐ Pharmacy 1 ☐ Pharmacy 2

List any additional medications in the Notes section of this guide.		
Additional medications listed in the Notes section of this guide?	Yes	□ N



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):
Telationerip. Geodec Triend Telative (openity relationerip to you).
Have you executed a Health Care Proxy to designate this person as your
health care representative?
If "Yes," where is your Health Care Proxy located? (specify):

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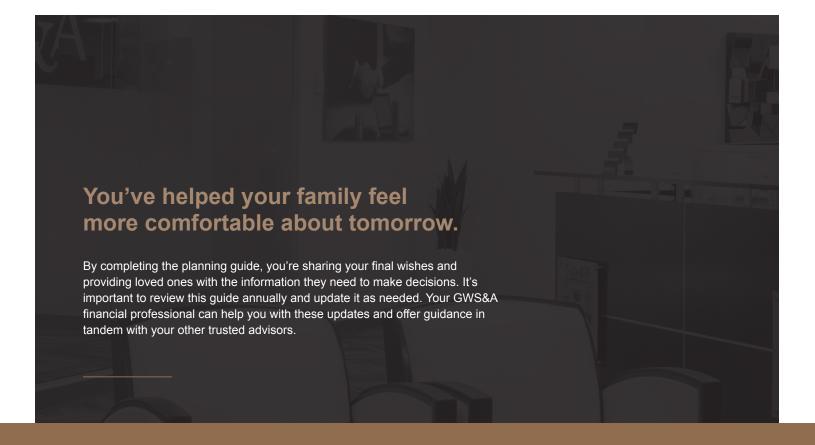
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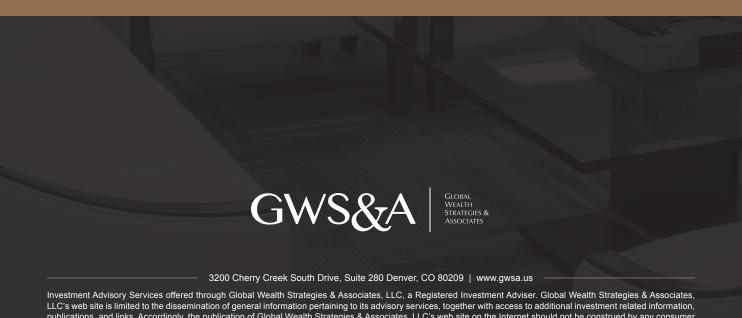
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Important!

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.



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