

# Advance Directive Notification Wallet Card

*Accessible printable version*

Use this card to record that you have an advance directive or health care power of attorney and to list who should be contacted if you cannot speak for yourself.

## Card information

- I have a health care power of attorney
- I have an advance directive

Statement. I have talked with my family and my doctor about the care I want. If I am unable to speak for myself, please contact the people listed below.

**Contact name 1** \_\_\_\_\_

**Contact number 1** \_\_\_\_\_

**Contact name 2** \_\_\_\_\_

**Contact number 2** \_\_\_\_\_

**Contact name 3** \_\_\_\_\_

**Contact number 3** \_\_\_\_\_

**Print name** \_\_\_\_\_

**Signature** \_\_\_\_\_

## Additional names on back

**Contact name 4** \_\_\_\_\_

**Contact number 4** \_\_\_\_\_

**Contact name 5** \_\_\_\_\_

**Contact number 5** \_\_\_\_\_

**Contact name 6** \_\_\_\_\_

**Contact number 6** \_\_\_\_\_

For more information visit [Put It In Writing](#) from the American Hospital Association.