



Sunrise
Country Manor

Preplanning Form

We have developed this form to document important information for your loved ones.

It is a comprehensive tool in the event that you are unable to communicate your desires.

*Please contact us with any questions.
Phone: (402) 761-3230
Email: info@sunrisecountrymanor.com
www.sunrisecountrymanor.com*

Personal Information

Name: _____ SS#: _____
Address: _____
City/State: _____ Zip: _____
Phone: _____ Birth Date: _____
Medicare#: _____ Medicaid#: _____

Medical Power of Attorney

Name: _____ Phone: _____
Address: _____
City/State: _____ Zip: _____
Document Location: _____

Physician Information

Primary Physician: _____ Phone: _____
Address: _____ City/State: _____ Zip: _____
Physician: _____ Specialty: _____ Phone: _____
Address: _____ City/State: _____ Zip: _____
Physician: _____ Specialty: _____ Phone: _____
Address: _____ City/State: _____ Zip: _____

Medications

Pharmacy: _____ Phone: _____
Address: _____ City/State: _____ Zip: _____

Medication: _____ Medication: _____ Medication: _____
Medication: _____ Medication: _____ Medication: _____
Medication: _____ Medication: _____ Medication: _____

Insurance Information Beneficiaries Updated? (Insurance beneficiaries will trump beneficiaries listed in will) Yes No

Provider: _____ Type: _____ ID#: _____ Contact#: _____

Card Location: _____ Website: _____ Username: _____ Password: _____

Provider: _____ Type: _____ ID#: _____ Contact#: _____

Card Location: _____ Website: _____ Username: _____ Password: _____

Provider: _____ Type: _____ ID#: _____ Contact#: _____

Card Location: _____ Website: _____ Username: _____ Password: _____

Burial Information

Funeral Home: _____ Contact: _____ Phone: _____

Address: _____ City/State: _____ Zip: _____

Special Memorial Requests (Songs, Prayers, etc.): _____

Cremation? Yes No

Burial Desires Documented? Yes No

Code Status

This directive is made after careful consideration and is in accordance with my convictions, beliefs and values. I understand the full impact of this directive and am emotionally and mentally competent to make this directive. This directive shall be in effect until revoked by me. I understand that I may revoke this directive at any time. A duplicate copy of this directive shall have the same force and effect as the original. If I am unable to make a personal decision and am found without a heartbeat and/or not breathing:

Please check the Appropriate Choice:

- Full Code — I want full resuscitative measures to include but not limited to cardiopulmonary resuscitation (CPR), advanced airway management, defibrillation, artificial ventilations and transcutaneous cardiac pacing. CPR consists of establishing an airway, chest compressions and rescue breathing. 911 will also be called.
- No Code — I do NOT want any resuscitative measures. 911 will not be called.
- Other (please explain): _____

Signature: _____ Witness: _____ Date: _____

Date: _____ Witness: _____ Date: _____

Physician: _____ Date: _____

As the attending physician, I have read the above procedure and understand my resident's choice. With my signature, I direct rescue staff to honor these wishes.

General Definitions:

Durable Power of Attorney: Names an agent to make financial transactions for you while you are unavailable or ill. Check to be sure that it will be accepted at the financial institutions you use. If you are dissatisfied with the person you have named, you can cancel. Do not lock this document in a safe deposit box as it must be available in a crisis.

Medical Power of Attorney: Names at least one agent to make medical decisions on your behalf in the event you cannot make decisions or cannot communicate decision on your own. It is prudent to name more than one agent in case the first cannot be reached in an emergency. Do not lock this document in a safe deposit box as it must be available in a crisis. Copies of this document are considered valid and each agent should have one.

Directive to Physicians/Living Will: This is an advance directive document that states your wishes about medical care in the event that you develop a terminal or irreversible condition and can no longer make your own medical decisions. It becomes effective when the attending physician certifies in writing that you are in a terminal or irreversible condition. Copies of this document are considered valid, and it must be available in a crisis.

Financial Advisor

Name: _____ Phone: _____

Address: _____

City/State: _____ Zip: _____

Durable (Financial) Power of Attorney

Name: _____

Address: _____

City/State: _____ Zip: _____

Document Location: _____

Safe Deposit Box

Institution: _____ Phone: _____

Address: _____

City/State: _____ Zip: _____

Key Location: _____ Box#: _____

Location of Other Important Papers

Will: _____ Social Security Cards: _____

Veterans Papers: _____ Titles: _____

Tax Returns: _____ Other: _____

Account Information (list any checking, savings, brokerage and retirement accounts)

Type of Account: _____ Institution: _____ Account#: _____ Contact: _____

Website: _____ Username: _____ Password: _____

Type of Account: _____ Institution: _____ Account#: _____ Contact: _____

Website: _____ Username: _____ Password: _____

Type of Account: _____ Institution: _____ Account#: _____ Contact: _____

Website: _____ Username: _____ Password: _____

Type of Account: _____ Institution: _____ Account#: _____ Contact: _____

Website: _____ Username: _____ Password: _____

Type of Account: _____ Institution: _____ Account#: _____ Contact: _____

Website: _____ Username: _____ Password: _____

Type of Account: _____ Institution: _____ Account#: _____ Contact: _____

Website: _____ Username: _____ Password: _____

Credit Information

Credit Card: _____ Account#: _____ Phone: _____

Website: _____ Username: _____ Password: _____

Credit Card: _____ Account#: _____ Phone: _____

Website: _____ Username: _____ Password: _____

Credit Card: _____ Account#: _____ Phone: _____

Website: _____ Username: _____ Password: _____

Loan Information

Type of Loan: _____ Institution: _____ Account#: _____ Contact: _____

Website: _____ Username: _____ Password: _____

Type of Loan: _____ Institution: _____ Account#: _____ Contact: _____

Website: _____ Username: _____ Password: _____

Type of Loan: _____ Institution: _____ Account#: _____ Contact: _____

Website: _____ Username: _____ Password: _____

