

Language _____

Birth date _____

Health# _____

3

2

1

Important Medications

DOSE / FREQUENCY

Medication allergies

- Contains my current & signed:**
- Enduring Power of Attorney POA
 - Representation agreement
 - Advance directive
 - Medical Order for Scope of Treatment MOST
 - Confirmation of organ donation

FOR:



*** EMERGENCY HEALTH INFORMATION ***

*** If using blister pack medications, tear off the cardboard half ***
with the medication listing and place it here in the plastic envelope.

My911 form completed by

Name: _____ Date Completed: _____

Relationship to **My911** Profile Owner: _____

Enduring Power of Attorney

Representation Agreement

CIRCLE ONE

Section 7

OR

Section 9

Interested in free family caregiver education?

For more information contact **CommunityPlus** 250-658-6508

Home Care & Nursing



250-658-6508

To obtain a new My911 magnetic fridge folder call:

To print a new My911 form go to:
COMMUNITYPLUSCARE.CA/My911



Clinical Services

Doctor or Clinic

Name: _____

Phone: _____

Address: _____

Pharmacy

Name: _____

Phone: _____

Address: _____



Emergency Contacts

Contact #1

Relationship: _____

Name: _____

Phone: _____

Contact #2

Relationship: _____

Name: _____

Phone: _____

Important to know about me !!

If using blister pack medications please see the reverse side of this form

Important Documents

Please fold your advance care, representation and important documents and place them here in the plastic envelope. Up-to-date forms can be found online at the addresses below or at [COMMUNITYPLUSCARE.CA/ My911](http://COMMUNITYPLUSCARE.CA/My911)

Medical Order for Scope of Treatment MOST

Completed with your physician

Advance directive

<https://www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/advance-care-planning>

Enduring Power of Attorney POA & Representation agreements

<https://www2.gov.bc.ca/gov/content/health/managing-your-health/incapacity-planning>

Confirmation of organ donation

<http://www.transplant.bc.ca/Documents/Reg%20forms/registration-form-english.pdf>