

Make copies of this card for the important people in your life.

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AlfredHealth

Supported by the City of Port Phillip Community Grants Program

My **Care** Card



Card holders details:

My name

Date of Birth

Address

Suburb

Postcode

I have the following: *(tick which apply)*

- Will Medical Enduring Power
of Attorney (MEPoA) Advance
Care Plan

Card holders care contacts:

MEPoA Name

MEPoA phone #

Lawyer's name

Lawyer's phone #

Doctor's name

Doctor's phone #