

## My Personal Record

### My Details

First Name		Middle Name	
Last Name		Date of Birth	
Unit/Street Address		Suburb	
State		Postcode	
Home Phone		Mobile	
Email			
Age Pensioner ID		Medicare ID	
Veterans' Affairs ID		Centrelink Reference ID	

### My Aged Care (1800 200 422, [myagedcare.gov.au](http://myagedcare.gov.au))

My Aged Care Client ID		My Aged Care Referral Code	
ACAT Assessment	Y/N	ACAT assessment date	
ACAT Assessor Contact details			
Commonwealth Home Support Assessment	Y/N	Assessment date	
Home Support Assessor Contact Details			

### My Service Provider

Agency/staff	Name	Phone	Email
Agency			
Coordinator/staff			
Coordinator/staff			
<add, if required>			

**My Health Matters**

<b>Advance Health Directive</b>			<b>Y/N</b>
Where is it kept		Contact Details	
<b>Private Health Insurance</b>			
Membership ID		Contact Details	
<b>Medical and Allied Health Professionals</b>			
<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>
GP			
Specialist			
Specialist			
Specialist			
Pharmacist			
Podiatrist			
Contenance advisor			
Physiotherapist			
<add, if required>			

### My Financial Matters

Bank Account Details			
Bank		Contact Details	
Account Name		BSB-Account Number	
Bank		Contact Details	
Account Name		BSB-Account Number	
Bank		Contact Details	
Account Name		BSB-Account Number	
Superannuation Fund			
Name		Account ID	
Contact Details			
Financial Management Service			
Financial Adviser Name		Contact Details	
Other Investments			
Investment Name		Contact Details	
Investment Name		Contact Details	
<add, if required>			

### My Legal Matters

Will Y/N			
Location		Contact Details	
<b>Executor</b>	<b>Name</b>	<b>Phone</b>	<b>Email</b>
Executor			
Executor			
Executor			
Executor			
<add, if required>			
Enduring Power of Attorney Y/N			
Location		Contact details	
<b>Attorney</b>	<b>Name</b>	<b>Phone</b>	<b>Email</b>
Attorney			
Attorney			

**My Legal Matters (con)**

Enduring Power of Guardianship Y/N			
Location		Contact details	
Guardian	Name	Phone	Email
Guardian			
Guardian			
Guardian			

**Other helpful contacts**

Service	Name	Phone	Email
Plumber			
Electrician			
Gardener			

**Family Members/Key Supporters Contact Details**

First Name	Last Name	Phone	Email