



**Panama  
Hospice  
& Respite**

*"Focusing on Quality of Life"*

**LIFE ADVOCACY PROGRAM INFORMATION FORM  
PANAMA HOSPICE AND RESPITE FOUNDATION (PHRF)**

**This information must be sent to the contact of your choice. It is here to guide you in providing the necessary information. The information below is not kept in the Hospice registration program or on our web site (although this information primarily relates to Panama, feel free to add additional information):**

**Personal Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F

Passport Country: \_\_\_\_\_ Passport #: \_\_\_\_\_

Nationality: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_

Address/Directions: \_\_\_\_\_

\_\_\_\_\_

Other Members in Household: \_\_\_\_\_

Pets: \_\_\_\_\_

**Personal Health Information:**

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_



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Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Agent: \_\_\_\_\_

Policy ID #: \_\_\_\_\_ Group # \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

**Medical History:**

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Surgeries:**

**Year:**

_____	_____
_____	_____
_____	_____



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**List of Medications:**

**Dosage:**

**Frequency:**

List of Medications:	Dosage:	Frequency:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Advance Directives/Last Wishes:**

CPR	yes / no	Respirator	yes / no	Defibrillation	yes / no
Dialysis	yes / no	Feeding Tube	yes / no		

Other: \_\_\_\_\_

**Important Contacts to Share:**

**Car Insurance:** \_\_\_\_\_ **Agent:** \_\_\_\_\_

**Policy ID #:** \_\_\_\_\_ **Group #** \_\_\_\_\_



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Type of Car Insured: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

**House Insurance:** \_\_\_\_\_ Agent: \_\_\_\_\_

Policy ID #: \_\_\_\_\_ Group # \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

**Life Insurance:** \_\_\_\_\_ Agent: \_\_\_\_\_

Policy ID #: \_\_\_\_\_ Group # \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

**Local Attorney:** \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Foreign Attorney:** \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_



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Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

**In Case of Death:**

**Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_

Directives for handling of the body after death: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Information Needed for Death Certificate:**

Father's Full Name: \_\_\_\_\_

Mothers Full Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Location/Address of Death: \_\_\_\_\_

Contacted Embassy of Applicant's Native Country: Y N

Registered Death Certificate of Applicant: Y N

Will the body be shipped: Y N



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Will ashes be shipped: Y N

Panamanian Authorities contacted: Y N

**Location of Last Will or Testament** and contact details for those who are in charge of the Will or Testament directives: \_\_\_\_\_

**Appointed Attorney for Last Will or Testament:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_

**Panamanian Authority contact details:**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_

**Important Contacts:**

**Bank #1:** \_\_\_\_\_

Type of Acct: \_\_\_\_\_ Acct #: \_\_\_\_\_



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E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Bank #2:** \_\_\_\_\_

Type of Acct: \_\_\_\_\_ Acct #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Bank #3:** \_\_\_\_\_

Type of Acct: \_\_\_\_\_ Acct #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Life Insurance:** \_\_\_\_\_ Acct #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Social Security:** \_\_\_\_\_ Acct #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Utilities Electricity:** \_\_\_\_\_ Acct #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



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**Utilities Water:** \_\_\_\_\_ Acct #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Acct #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Internet:** \_\_\_\_\_ Acct #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Television:** \_\_\_\_\_ Acct #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Assets and recorded documents with verification or proof of ownership (list assets on separate sheet of paper if necessary):**

Proof of Marriage (Divorce): Yes No

Vehicles: Yes No

\_\_\_\_\_  
\_\_\_\_\_

Real Estate: Yes No

\_\_\_\_\_  
\_\_\_\_\_





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Oil and Gas Leases: Yes No

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Life Insurance(s)/Retirement Account(s): Yes No

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Copyrights or Patents: Yes No

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**Other revenue streams not already listed in within the pages of this document:**

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**Location and content of Safety Deposit Box:** \_\_\_\_\_

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**Directives for disposing of personal affects and belongings:** \_\_\_\_\_

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