Professional Will for

Updated:

Executor of Professional Will:	
Primary:	Back-up:
Work/Cell:	Work/Cell:
Home:	Home:
Email:	Email:
Medication Coverage:	
Primary:	Back-up:
Work/Cell:	Work/Cell:
Home:	Home:
Email:	Email:
Other Key Contacts (family, partners, staff, etc.):	
Name:	Name:
Relation:	Relation:
Work/Cell:	Work/Cell:
Home:	Home:
Email:	Email:
Name:	Name:
Relation:	Relation:
Work/Cell:	Work/Cell:
Home:	Home:
Email:	Email:
Executor of Personal Will:	Accountant:
Name:	Name:
Work/Cell:	Work/Cell:
Home:	Home:
Email:	Email:
Location of Home/Office/File Cabinet Keys:	
Example: A set of keys to my office, desk and file c	abinets are in my entrance hall bureau - top middle
drawer. Keys to my apartment are held by the apa	ırtment manager.

Notification Of Patients and Supervisees

Location of Schedule/how to access: Planner, calendar, etc., including passwords if needed
Location of patient names & telephone numbers: Computer, contact list, phones:
Preference for contacting patients: ☐ phone call ☐ Email ☐ Leave voicemail message:
Please change my phone voice message to read:
To access emails: Leave instructions for computer and phone, along with location of passwords
Patient/supervisees records: The most recent patient records on active patients are located:
List of patients who are on medications:

	narts:	
Location of Supervisee Information:_		
Include any relevant information or c	Billing Program contact for outside service providers:	
Additional Contacts Associations, Boards, Attorneys, Insu	rance providers, etc.	
Name:	Name:	
Name:Relation:		
	Relation:	
Relation: Work/Cell:	Relation: Work/Cell:	
Relation:	Relation: Work/Cell: Home:	
Relation:	Relation: Work/Cell: Home: Email:	
Relation:	Relation: Work/Cell: Home: Email: Name:	
Relation:	Relation:	
Relation:	Relation: Work/Cell: Home: Email: Name: Relation: Work/Cell:	