



## Preparing a treatment tote bag

Some treatment sessions will require a lot of time. You may feel discomfort, bored or anxious during the treatment. Preparing a bag to take with you may provide comfort during these sessions.

### SOME GOOD THINGS TO BRING:

- Sweater and comfortable clothes
  - Bootie socks or slippers
  - Scarf, bandanna or cap
  - Blanket and pillow
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- Music player and headphones
  - Reading materials
  - Crossword or other puzzles
  - Deck of cards
  - Notepad or journal and pen
  - Stress ball
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- Lip balm
  - Water bottle
  - Body lotion
  - Peppermint or other calming teas
  - Cookies, crackers or other snacks



### NOTES:

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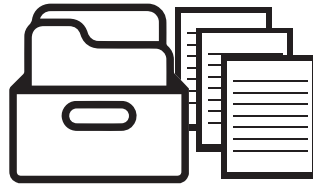
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## Storing records

### TYPE OF DOCUMENT

### GUIDELINES FOR WHERE TO STORE DOCUMENTS

(May vary from state to state)

#### Directives concerning minor children

**Originals:** In your possession and with the named guardian

**Copies:** With your attorney

#### DNR Order (Do Not Resuscitate)

**Originals:** In your possession and with the health care provider

**Copies:** With the representative or agent you have designated to act on your behalf or a close family member (next of kin). *Next of kin is defined differently in each state but the legal order is usually: 1) Spouse 2) Children 3) Grandchildren 4) Siblings 5) Nieces or Nephews.*

#### Durable power of attorney for financial affairs

**Duplicate Signed Originals:** In your possession and with your attorney

**Copies:** With your appointed representative and alternate(s)

#### Durable power of attorney for health care

**Duplicate Signed Originals:** In your possession and with your representative and attorney

**Copies:** With your primary care provider, pharmacist, nursing home and/or hospital; in addition, talk with close relatives about your wishes

#### Living will

**Duplicate Signed Originals:** In your possession, with your health care provider, and representative

**Copies:** Other copies are not needed, but talk with close relatives about your wishes

#### Out-of-Hospital DNR

**Duplicate Signed Originals:** In your possession and where the hospice patient resides; and with the health care provider

**Copies:** With your representative and or close relative(s); in addition, talk with close relatives about your wishes

#### Revocable living trust

**Duplicate Signed Originals:** In your possession and with your attorney

**Copies:** With your trustee

#### Will

**Duplicate Signed Originals:** In your possession and with your attorney

**Copies:** In a safe place that your representative can access