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
- Music player and headphones
- Reading materials
- Crossword or other puzzles
- Deck of cards
- Notepad or journal and pen
- Stress ball
- Lip balm
- Water bottle
- Body lotion
- Peppermint or other calming teas
- Cookies, crackers or other snacks

**NOTES:**

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### Storing records

**TYPE OF DOCUMENT**

**GUIDELINES FOR WHERE TO STORE DOCUMENTS**

*(May vary from state to state)*

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Originals</th>
<th>Copies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directives concerning minor children</td>
<td>In your possession and with the named guardian</td>
<td>With your attorney</td>
</tr>
<tr>
<td>DNR Order (Do Not Resuscitate)</td>
<td>In your possession and with the health care provider</td>
<td>With the representative or agent you have designated to act on your behalf or a close family member (next of kin). <em>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.</em></td>
</tr>
<tr>
<td>Durable power of attorney for financial affairs</td>
<td>Duplicate Signed Originals: In your possession and with your attorney</td>
<td>With your appointed representative and alternate(s)</td>
</tr>
<tr>
<td>Durable power of attorney for health care</td>
<td>Duplicate Signed Originals: In your possession and with your representative and attorney</td>
<td>With your primary care provider, pharmacist, nursing home and/or hospital; in addition, talk with close relatives about your wishes</td>
</tr>
<tr>
<td>Living will</td>
<td>Duplicate Signed Originals: In your possession, with your health care provider, and representative</td>
<td>Other copies are not needed, but talk with close relatives about your wishes</td>
</tr>
<tr>
<td>Out-of-Hospital DNR</td>
<td>Duplicate Signed Originals: In your possession and where the hospice patient resides; and with the health care provider</td>
<td>With your representative and/or close relative(s); in addition, talk with close relatives about your wishes</td>
</tr>
<tr>
<td>Revocable living trust</td>
<td>Duplicate Signed Originals: In your possession and with your attorney</td>
<td>With your trustee</td>
</tr>
<tr>
<td>Will</td>
<td>Duplicate Signed Originals: In your possession and with your attorney</td>
<td>In a safe place that your representative can access</td>
</tr>
</tbody>
</table>