



CONFIDENTIAL INFORMATION PAGE

*Print this page!
Record confidential data called for in
Stage 5, Document the Wonder™
Store it in a secure place for safekeeping.*

My Name _____

Date Last Updated _____

GoTo: www.protectedtomorrows.com to
access the complete My Special Life
Workbook online

Client Manager User ID: _____

Password: _____

About Me

My Social Security #

My Government Benefits

Medicaid	
Case Number	
Recipient Number	
Caseload Number	
Social Security	
Claim Number	
Medicare	
Claim Number	

My Insurance

Insured Social Security #



CONFIDENTIAL INFORMATION PAGE 2

My Medications

Medications I Take	Prescribing Physician	Pharmacy	Dosage	Frequency	Purpose	Comments
Over-The-Counter Medications I Take		Purpose		Comments		
Medications I Should NEVER Take		Reason		Comments		