



*Atomic  
Home*  
**Binder**



*Atomic Home*  
**BINDER**





























# Emergency Information

In case of emergency call 911

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

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

Urgent Care \_\_\_\_\_ Phone \_\_\_\_\_

Pharmacy \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Vet \_\_\_\_\_ Phone \_\_\_\_\_

Poison Control \_\_\_\_\_ Phone \_\_\_\_\_

Gas Co. \_\_\_\_\_ Phone \_\_\_\_\_

Water Co. \_\_\_\_\_ Phone \_\_\_\_\_

Electric Co. \_\_\_\_\_ Phone \_\_\_\_\_

Fire Dept. \_\_\_\_\_ Phone \_\_\_\_\_

Police Dept. \_\_\_\_\_ Phone \_\_\_\_\_

Relative \_\_\_\_\_ Phone \_\_\_\_\_

Relative \_\_\_\_\_ Phone \_\_\_\_\_

Neighbor \_\_\_\_\_ Phone \_\_\_\_\_

Family Friend \_\_\_\_\_ Phone \_\_\_\_\_

Family Friend \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_

Phone # \_\_\_\_\_ Website \_\_\_\_\_

Policy # \_\_\_\_\_ Username \_\_\_\_\_

Group # \_\_\_\_\_ Password \_\_\_\_\_

Auto Insurance Provider \_\_\_\_\_

Phone # \_\_\_\_\_ Website \_\_\_\_\_

Policy # \_\_\_\_\_ Username \_\_\_\_\_

Group # \_\_\_\_\_ Password \_\_\_\_\_



# Utilities and Services Contact List

Electric Co. \_\_\_\_\_ Website \_\_\_\_\_  
Phone \_\_\_\_\_ Username \_\_\_\_\_  
Acct # \_\_\_\_\_ Password \_\_\_\_\_  
Emergency Phone \_\_\_\_\_  
Contract Expiration \_\_\_\_\_

Gas Co. \_\_\_\_\_ Website \_\_\_\_\_  
Phone \_\_\_\_\_ Username \_\_\_\_\_  
Acct # \_\_\_\_\_ Password \_\_\_\_\_  
Emergency Phone \_\_\_\_\_

Water Co. \_\_\_\_\_ Website \_\_\_\_\_  
Phone \_\_\_\_\_ Username \_\_\_\_\_  
Acct # \_\_\_\_\_ Password \_\_\_\_\_  
Emergency Phone \_\_\_\_\_

Cell \_\_\_\_\_ Website \_\_\_\_\_  
Phone \_\_\_\_\_ Username \_\_\_\_\_  
Acct # \_\_\_\_\_ Password \_\_\_\_\_  
Contract Expiration \_\_\_\_\_

Internet \_\_\_\_\_ Website \_\_\_\_\_  
Phone \_\_\_\_\_ Username \_\_\_\_\_  
Acct # \_\_\_\_\_ Password \_\_\_\_\_  
Discount Expiration \_\_\_\_\_

Cable \_\_\_\_\_ Website \_\_\_\_\_  
Phone \_\_\_\_\_ Username \_\_\_\_\_  
Acct # \_\_\_\_\_ Password \_\_\_\_\_  
Discount Expiration \_\_\_\_\_

Trash \_\_\_\_\_ Website \_\_\_\_\_  
Phone \_\_\_\_\_ Username \_\_\_\_\_  
Acct # \_\_\_\_\_ Password \_\_\_\_\_  
Pickup Days \_\_\_\_\_

# Insurance Information

## Medical Insurance Provider

Phone #	_____	Website	_____
Policy #	_____	Username	_____
Group #	_____	Password	_____

## Dental Insurance Provider

Phone #	_____	Website	_____
Policy #	_____	Username	_____
Group #	_____	Password	_____

## Vision Insurance Provider

Phone #	_____	Website	_____
Policy #	_____	Username	_____
Group #	_____	Password	_____

## Auto Insurance Provider

Phone #	_____	Website	_____
Policy #	_____	Username	_____
Group #	_____	Password	_____

## Home Insurance Provider

Phone #	_____	Website	_____
Policy #	_____	Username	_____
Group #	_____	Password	_____

## Flood Insurance Provider

Phone #	_____	Website	_____
Policy #	_____	Username	_____
Group #	_____	Password	_____

# Our Medical Yellow Pages

Insurance Provider \_\_\_\_\_

Phone # \_\_\_\_\_

Website \_\_\_\_\_

Policy # \_\_\_\_\_

Username \_\_\_\_\_

Group # \_\_\_\_\_

Password \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Phone # \_\_\_\_\_

Website \_\_\_\_\_

Policy # \_\_\_\_\_

Username \_\_\_\_\_

Group # \_\_\_\_\_

Password \_\_\_\_\_

Name

Phone #

PCP #1 \_\_\_\_\_

\_\_\_\_\_

PCP #2 \_\_\_\_\_

\_\_\_\_\_

Pediatrician \_\_\_\_\_

\_\_\_\_\_

OBGYN \_\_\_\_\_

\_\_\_\_\_

Dentist \_\_\_\_\_

\_\_\_\_\_

Pediatric Dentist \_\_\_\_\_

\_\_\_\_\_

Orthodontist \_\_\_\_\_

\_\_\_\_\_

Optometrist \_\_\_\_\_

\_\_\_\_\_

Chiropractor \_\_\_\_\_

\_\_\_\_\_

Hospital \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Clinic #1 \_\_\_\_\_

Clinic #1 \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Hours \_\_\_\_\_

Hours \_\_\_\_\_

# Doctor Visits

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

Date \_\_\_\_\_ Doctor \_\_\_\_\_

Hospital/Clinic Name/City \_\_\_\_\_

Reason for Visit \_\_\_\_\_

Test Results \_\_\_\_\_

Prescriptions \_\_\_\_\_

Date \_\_\_\_\_ Doctor \_\_\_\_\_

Hospital/Clinic Name/City \_\_\_\_\_

Reason for Visit \_\_\_\_\_

Test Results \_\_\_\_\_

Prescriptions \_\_\_\_\_

Date \_\_\_\_\_ Doctor \_\_\_\_\_

Hospital/Clinic Name/City \_\_\_\_\_

Reason for Visit \_\_\_\_\_

Test Results \_\_\_\_\_

Prescriptions \_\_\_\_\_

Date \_\_\_\_\_ Doctor \_\_\_\_\_

Hospital/Clinic Name/City \_\_\_\_\_

Reason for Visit \_\_\_\_\_

Test Results \_\_\_\_\_

Prescriptions \_\_\_\_\_

Date \_\_\_\_\_ Doctor \_\_\_\_\_

Hospital/Clinic Name/City \_\_\_\_\_

Reason for Visit \_\_\_\_\_

Test Results \_\_\_\_\_

Prescriptions \_\_\_\_\_

# Important Dates

January

February

March

April

May

June

July

August

September

October

November

December

# Project Planner

Project \_\_\_\_\_

Materials Needed	Cost	Where to Find It

Project Steps	Due Date

Notes









