

QUICK REFERENCE
Family Caregiver's Care Plan Template

PATIENT INFORMATION:

First and Last Name: _____

Preferred Name: _____

Age: _____

Address: _____

Primary Language: _____

PRIMARY CAREGIVER:

Name: _____

Relationship: _____

Phone: _____

Email: _____

EMERGENCY CONTACTS:

Name: _____

Relationship: _____

Phone: _____

Email: _____

PRIMARY CARE PHYSICIAN:

Name: _____

Clinic Address: _____

Phone: _____

Email: _____

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PREFERRED HOSPITAL: _____

HEALTHCARE PROXY/POA:

Name: _____

Relationship: _____

Phone: _____

Email: _____

ALLERGIES (medications, foods, other):

CURRENT MAJOR MEDICAL CONDITIONS:

CURRENT MEDICATIONS (name, dose, frequency)

Name	Reason-for-Taking-Meds	Dose	Frequency	Time

PERSONAL CARE:

Assistance needed with: **Bathing** **Dressing** **Toileting** **Grooming**

Notes:

NUTRITION:

Diet restrictions or preferences:

Swallowing difficulty: **No** **Yes (describe):**

Encouragement needed: **Eating** **Drinking**

COMMUNICATION AND COGNITION:

Hearing: **Good** **Impaired (uses hearing aids)**

Vision: **Good** **Impaired (uses glasses)**

Cognitive Status: **Alert, Oriented:** **Coherent:** **Confused:**

Verbal **Non-Verbal** **Mute**

Memory Impaired **Moderate Dementia** **Severe Dementia**

Communication notes:

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BEHAVIORAL OR EMOTIONAL NOTES:

CULTURAL OR SPIRITUAL PREFERENCES:

RED FLAGS (when to call for help):

ADDITIONAL NOTES:

Date of this care plan: _____

Quick Reference Template for Family Caregivers Companion Guide

www.aginghappily.com

Follow the Laws of Protected Health Information (PHI)

45 CFR 160.103

“Protected health information means individually identifiable health information transmitted or maintained in any form or medium.”

