

## CAREGIVING NOTIFICATION FORM (front)

Family Caregiver Name: \_\_\_\_\_ Relationship to Care Recipient: \_\_\_\_\_

Care Recipient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization Form needed to share care recipient's medical information

A copy of my care recipient's Medical POA/Health Proxy document has been provided

Name of Medical POA/Health Proxy representative: \_\_\_\_\_

My Caregiving Tasks & Responsibilities	Impact (Physical & Emotional Health/Work/Finances)
<input type="checkbox"/> <b>Personal Care</b> (Eating/Bathing/Grooming/Toileting)	
<input type="checkbox"/> <b>Administering Medical Care at Home</b> (i.e. Wound Care, Handling Medical Equipment, Physical/Occupational Therapy, etc.)  Details:	
<input type="checkbox"/> <b>Emotional Support</b>	
<input type="checkbox"/> <b>Housekeeping/Coordinating Home Maintenance &amp; Repairs</b>	
<input type="checkbox"/> <b>Grocery Shopping/Errands</b>	
<input type="checkbox"/> <b>Cooking/Coordinating Meals</b>	
<input type="checkbox"/> <b>Bills/Administrative Paperwork</b>	
<input type="checkbox"/> <b>Health Care Coordination</b> (Emergency Care, Providers, Insurance Benefits & Claims, Home Health Care, Medical Equipment, etc.)	
<input type="checkbox"/> <b>Medication Management</b>	
<input type="checkbox"/> <b>Managing Cognitive Impairment/Alzheimer's Behavior</b>	
<input type="checkbox"/> <b>Transferring/Moving</b> (i.e. from bed to chair)	
<input type="checkbox"/> <b>Financial duties</b> (income/expense management)	
<input type="checkbox"/> <b>Transportation</b> (Doctor's appt, Church/Place of Worship, Support Groups, Outings)	
<input type="checkbox"/> <b>Other</b> (describe):	
Additional Tasks & Responsibilities	

## CAREGIVING NOTIFICATION FORM (back)

My Care Recipient's Background and Preferences	
A description of my caree's social history (birthplace, family (marriages/children), home, occupation, interests, retirement status, and preferences for end of life care (if known):	
My Concerns/Help Request for:	Details
<input type="checkbox"/> Respite Care/Getting a Break	
<input type="checkbox"/> Home Safety/Maintenance	
<input type="checkbox"/> Financial Strain	
<b>Stress Level</b> 1 <input type="checkbox"/> Occasional stress, minimal impact. 2 <input type="checkbox"/> Frequent stress, manageable level. 3 <input type="checkbox"/> Regular stress, manageable level. 4 <input type="checkbox"/> Persistent, unsustainable stress. Feeling depleted, anxiety, problems sleeping. Increased impact. 5 <input type="checkbox"/> Overwhelming, constant stress. Feeling burned out and/or depressed, hopeless.	
<input type="checkbox"/> Discharge instructions	
<input type="checkbox"/> Community Resources for Family Caregivers	
<input type="checkbox"/> Care Coordination (Referrals, Benefits, Veterans services, Home Health, Medication Management, Understanding Hospice Care, Hospital Discharge Instructions/Follow Up, etc.)	
<input type="checkbox"/> Help with Legal Concerns (Elder Law/Power of Attorney/Health Proxy Docs, Special Needs Trusts, etc.)	
<input type="checkbox"/> Training to perform medical or daily tasks	
<input type="checkbox"/> Preparing a <a href="#">Care Plan</a> /Changing Care Needs	
<input type="checkbox"/> Coordinating Meals/Transportation	
<input type="checkbox"/> Downsizing/Moving to Service-Enriched Housing	
<input type="checkbox"/> Other	