Temporary Caregiver Checklist

Personal Information

• Full Name: _____
• Preferred Name/Nickname: _____
• Date of Birth: _____
• Address: _____
• Emergency Contact(s):
• Name: _____
• Relationship: _____
• Phone Number: _____

Medical Information
• Primary Care Doctor: _____
• Phone Number: _____
• Office Address: _____
• Specialist(s) (if any):
• Name: _____
• Type: _____
• Phone Number: _____
• Preferred Hospital: _____
• Health Insurance Provider: _____
• Member ID: _____
• Phone Number: _____
• Medicare/Medicaid Info: _____
• Known Medical Conditions: _____
• Allergies: _____
• Medications:
• Name / Dosage / Time Given / Special Instructions: _____
• Medical Devices (walker, oxygen, etc.): _____
• DNR/Advance Directive on File? ☐ Yes ☐ No (Location: _____)

Contact Info While Primary Caregiver is Away
• Caregiver Name: _____
• Caregiver Phone Number: _____
• Dates Away: _____
• Where Staying (Hotel, Address, etc.): _____
• Backup Emergency Contact: _____

Daily Routine & Care Notes
• Wake-Up Time: _____
• Bedtime: _____
• Meal Times / Dietary Preferences: _____
• Favorite Snacks: _____
• Mobility Needs: _____
• Bathroom Assistance: ☐ Independent ☐ Needs Help
• Bathing/Showering Schedule: _____
• Activities They Enjoy (TV shows, games, music, etc.): _____
• Behavioral Triggers or Comforting Techniques: _____
• Pets to Care For (if any): _____
• House Rules/Notes (lock doors, alarm code, etc.): _____

Additional Notes
• Where to Find Medical Folder/Important Documents: _____
• Pharmacy Name & Number: _____
• Neighbors or Friends to Call in a Pinch: _____
• House Access Info (spare keys, garage code, etc.): _____

Disclaimer