

Loved One's Profile

Contact Information

Loved One's Name: _____

Address: _____

Home Phone: _____

In case of emergency contact 911: Yes _____ No _____

Doctor: _____ Preferred Hospital: _____

Responsible Party (Emergency Contact) Name: _____

Responsible Party (Email Address): _____

Address: _____

Home Phone: _____ Cell Phone: _____ Text: Yes/No

Critical Information

My loved one wanders: YES or NO

The usual wandering situation and precautions are: _____

Routine

Breakfast and Morning Routine:

Lunch and Midday Routine:

Evening Meal/Evening Routine:

Bedtime Routine:

Suggestions:

These things may upset my loved one:

If my loved one becomes upset, the following may help:

Special calming phrase:

Favorite Food/Snack:

Suggestions

Favorite Music:

Favorite TV Show/Movie:

Other calming activities:

Assistance (circle one)

My loved one can dress/undress
YES

NO, my loved one needs the following type of help

My loved one can eat without assistance
YES

NO, my loved one needs the following type of help

My loved one can use the toilet without help
YES

NO, my loved one needs the following type of help

Other needs my loved one has:
