

## Care Plan Worksheet

### Care Recipients Contact Information:

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Nickname(s): \_\_\_\_\_ Room #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Contact persons name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to person receiving care: \_\_\_\_\_

Secondary contact persons name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to person receiving care: \_\_\_\_\_

Does someone have guardianship or P.O.A. \_\_\_\_\_ Who? \_\_\_\_\_  
\_\_\_\_\_

How can they be reached? \_\_\_\_\_

List of any current medical conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of current medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of vitamins and supplements: \_\_\_\_\_

\_\_\_\_\_

List any past surgeries (include the year): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are they a smoker? \_\_\_\_\_ Do they wear glasses or contact lenses?(circle)

Primary Doctor Name & Phone Number: \_\_\_\_\_

Note: Only to be used in case of emergency

Preferred Hospital in case of emergency: \_\_\_\_\_

Instructions for in case of emergency: \_\_\_\_\_

\_\_\_\_\_

POLST Form Available? \_\_\_\_\_ Where is it located? \_\_\_\_\_

Allergies: \_\_\_\_\_

Food Sensitivities or Allergies: \_\_\_\_\_

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Preferred Foods: \_\_\_\_\_

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List things they enjoy or hobbies: \_\_\_\_\_

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Favorite Movies and Music: \_\_\_\_\_

Favorite Color: \_\_\_\_\_

Do they own a pet? \_\_\_\_\_ List type, breed and name: \_\_\_\_\_

Names of children, if any: \_\_\_\_\_

Is there anyone you do not want in contact with the person receiving care, and who?

Names of grandchildren: \_\_\_\_\_

Select Care Services (Place a check mark next the services you are requesting)

\_\_\_\_\_ Medication **Reminders** or **Dispersment** (circle one or both)

\_\_\_\_\_ Shopping

- \_\_\_\_\_ Hygiene Assistance (brushing hair and teeth, washing face)
- \_\_\_\_\_ Shower Assistance
- \_\_\_\_\_ Companionship and Conversation
- \_\_\_\_\_ Errands (mileage fee may apply)
- \_\_\_\_\_ Up to 24 Hour Care
- \_\_\_\_\_ Light Housekeeping
- \_\_\_\_\_ Prepare meals & assist at mealtime
- \_\_\_\_\_ Laundry Services
- \_\_\_\_\_ Retrieve Mail (specify if you want me to open and file)
- \_\_\_\_\_ Doctor's Appointment Assistance
- \_\_\_\_\_ Exercise (Walking, armchair yoga, stretching, swimming)
- \_\_\_\_\_ Daily or weekly updates and summary of visits by email or text (circle one or both)
- \_\_\_\_\_ Crafts, letter writing or journaling
- \_\_\_\_\_ Memory Games and Social Event Assistance
- \_\_\_\_\_ Pet Care
- \_\_\_\_\_ Journaling with client (also available for doctor's visits)
- \_\_\_\_\_ Aromatherapy
- \_\_\_\_\_ Computer assistance
- \_\_\_\_\_ Organizing

Use this space to specify instructions for the services you chose from above: \_\_\_\_\_

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