



CARE PLAN

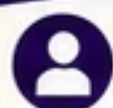
Caring Today for a Brighter Tomorrow ♥

This Care Plan is designed around your needs, preferences, and goals to help support your health, safety, and continued quality of life. Together, we create a plan for care, comfort, and peace of mind.



OUR PROMISE: Compassionate care. Trusted support.

Treating every client like family. ♥



CLIENT INFORMATION

Client Name: _____
Date of Birth: _____
Care Plan Date: _____
Care Plan Review Date: _____
Primary Caregiver: _____
Emergency Contact: _____



CARE TEAM

Madea's Family Home Care Caregiver(s): _____
Phone: _____ Contact Date: _____
Care Coordinator: _____
Phone: _____ Contact Date: _____
Other Professionals Involved: _____



CARE GOALS

What we are working toward together:

- ☐ Maintain Health ☐ Stay Safe ☐ Stay Independent
☐ Improve Mobility ☐ Manage Pain ☐ Improve Nutrition
☐ Enhance Emotional Well-Being ☐ Other: _____



CARE NEEDS

Areas of Support Needed:

- ☐ Personal Care ☐ Companionship
☐ Medication Management ☐ Grocery Shopping
☐ Meal Preparation ☐ Meal Planning
☐ Light Housekeeping ☐ Safety Monitoring
☐ Laundry ☐ Other: _____
☐ Transportation



PREFERENCES

What is important to you:

- ☐ Quiet Time ☐ Social Time ☐ Family Visits
☐ Activities ☐ Routine ☐ Independence

Other Preferences: _____



MEDICAL INFORMATION

Primary Physician: _____
Allergies: _____
Medical Conditions: _____
Medications (List): _____
Pharmacy: _____



SAFETY CONSIDERATIONS

- ☐ Fall Risk ☐ Wandering Risk
☐ Medication Safety ☐ Allergies
☐ Cognitive Concerns ☐ Other: _____

Safety Notes: _____



DAILY ROUTINE

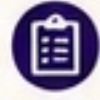
Preferred Schedule (if applicable):

Wake Up: _____
Meals: _____
Activities: _____
Bedtime: _____
Other: _____



SPECIAL INSTRUCTIONS

Please provide any special instructions or care details:



ADDITIONAL NOTES

Any other information our team should know:



CLIENT ACKNOWLEDGMENT

I understand and agree to this Care Plan and will work with Madea's Family Home Care to achieve my care goals.

Client Signature: _____ Date: _____



FAMILY / REPRESENTATIVE

I agree with this Care Plan and will support its implementation.

Signature: _____ Date: _____



MADEA'S FAMILY HOME CARE

This Care Plan has been reviewed and will be updated as needed.

Caregiver Signature: _____ Date: _____



WE GO ABOVE AND BEYOND

to make your loved one feel comfortable, valued, and cared for—like family.



PROUDLY SERVING CENTRAL ARKANSAS

Conway • Mayflower • Greenbrier
Morrilton • Maumelle



TRUSTWORTHY. RELIABLE. COMPASSIONATE.

Peace of mind for you.
Quality care for them.