Madea's
FAMILY HOME CARE

COMPASSIONATE CARE.
RIGHT AT HOME.

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

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
☐ Medication Safety
☐ Cognitive Concerns
☐ Wandering Risk
☐ Allergies
☐ 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.

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