



Personalized Care Plan

Client Basic Information

Full Name: _____ Phone: _____

Email Address: _____

Address: _____

Name of Emergency Contact: _____

Phone: _____ Email: _____

Caregiving

Activity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Eating							
Hydration							
Meal prepping							
Toileting							
Mobility assistance							
Medications							
Physical exercise							

Household Maintenance

Activity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Cleaning bedroom							
Cleaning kitchen							
Cleaning toilet							
Managing mail and bills							
Laundry							
Grocery shopping							
Pet care							

Hygiene Tasks

Activity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Bathing							
Oral care							
Dressing							
Washing hair							
Hair care							
Nail care							
Skin care							

Medical Support

Activity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Monitoring appetite							
Blood pressure measurement							
Blood glucose measurement							
Wound care							
Assistance with medical equipment							
Transportation to medical appointments							

Social & Emotional Wellbeing

Activity	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Simple crafts							
Games							
Social activities							
Reading							
Phone calls with family or friends							
Family or friend visits							
Outings							