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To Our Clients and Friends:

Re: **Care at Home Data Sheet**

We know many of our clients and friends are struggling with the care of an aging parent, ill spouse or child. Please take a moment to consider how much more difficult and stressful the situation may be if all the knowledge you possess about your ill family member was lost or misplaced.

Whatever the circumstances, we know that it is extremely important to keep good records of medication, treatments, doctor visits and other pertinent information in order to maintain control over the care of your loved one.

Accordingly, we are pleased to attached a five (5) page outline that may assist you in gathering and retaining pertinent information.

NOTES FOR CAREGIVERS

Family Member's Name: _____ Age: _____

Personality:

Special Likes/Dislikes:

Services Required:

Special Procedures/Therapies Required:

LEGAL MATTERS

Attorney:

Documents located at:

Power of Attorney Agent:

Health Care Agent:

DAILY SCHEDULE

	Time	Task	Comments
Morning:			
1.			
2.			
3.			
4.			
5.			
Afternoon:			
1.			
2.			
3.			
4.			
5.			
Evening:			
1.			

2. _____

3. _____

4. _____

5. _____

CURRENT MEDICATIONS FOR

_____ **Family Member's Name**

(include over the counter medications)

Medication	Date Started	Dosage	Delivery Route	Times	Given By
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Notes/Side Effects _____

Notes/Side Effects _____

Notes/Side Effects _____

Notes/Side Effects _____

Notes/Side Effects _____

Notes/Side Effects _____

EMERGENCY PHONE NUMBERS

Work/Cell #'s: _____

Other Family Members: _____

Physician(s): _____

Pharmacy: _____

Emergency back-up(s)/Caregiver(s): _____

Other: _____

ADDITIONAL NOTES

OTHER IMPORTANT INFORMATION/TELEPHONE NUMBERS

Family Member's Name: _____

Date of Birth: _____

Social Security Number: _____

Veterans #: _____

Maiden Name: _____

Providers/Contacts

Telephone Numbers

Life Insurance Company: _____

Policy Number: _____

Contact Person: _____

Long Term Care Insurance Company:

Policy Number: _____

Contact Person: _____

Medicaid ID Number (if applicable):

Medicare ID Number (if applicable):

Case Manager:

Primary Doctor:

Specialists:

Clinics:

Pharmacy:

Home Care Agency:

Individual Nurses/Contacts for Emergencies

Transportation:

School:

Fire Department:

Police Department

Emergency Caregiver(s):

NURSE INFORMATION

Nurse _____ Tele No. _____ Emergency Availability

Days/Hours Available _____ RN/LPN Lic #

Comments

Nurse _____ Tele No. _____ Emergency Availability

Days/Hours Available _____

RN/LPN Lic #

Comments

Nurse _____ Tele No. _____ Emergency Availability

Days/Hours Available _____

RN/LPN Lic #

Comments
