



**Contact Information**

- The name of the person receiving care is:
- NAME \_\_\_\_\_
- ADDRESS \_\_\_\_\_
- CITY \_\_\_\_\_
- STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_
- PHONE NUMBER \_\_\_\_\_
- EMAIL ADDRESS \_\_\_\_\_
- The name of the caregiver is:
- NAME \_\_\_\_\_
- ADDRESS \_\_\_\_\_
- CITY \_\_\_\_\_
- STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_
- PHONE NUMBER \_\_\_\_\_
- EMAIL ADDRESS \_\_\_\_\_

**Emergency contacts** – Make a list of all emergency contacts. This includes the police department, fire department, hospitals, local doctors

- Police Department \_\_\_\_\_
- Fire Department \_\_\_\_\_
- Emergency Contact 1 \_\_\_\_\_
  - Phone \_\_\_\_\_
  - Relationship \_\_\_\_\_
- Emergency Contact 2 \_\_\_\_\_
  - Phone \_\_\_\_\_
  - Relationship \_\_\_\_\_
- Preferred Hospital/Emergency Room \_\_\_\_\_
  - Address \_\_\_\_\_
  - Phone \_\_\_\_\_
- Primary Care Physician \_\_\_\_\_
  - Address \_\_\_\_\_
  - Phone \_\_\_\_\_
- Specialist Physicians \_\_\_\_\_
  - Address \_\_\_\_\_
  - Phone \_\_\_\_\_
- Preferred Pharmacy \_\_\_\_\_
  - Address \_\_\_\_\_
  - Phone \_\_\_\_\_
- Relatives (Phone number, address) \_\_\_\_\_
- \_\_\_\_\_



- \_\_\_\_\_
- \_\_\_\_\_
- Neighbors (Phone number, address) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Friends (Phone number, address) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- Medication tracker – Keep an up-to-date list of all medications. Include how much of each one to take and what it is for. Include any information you have about how to get in touch with the doctor who wrote the prescription or the pharmacist.

Medication Name	Doctor who wrote Rx	Dosage	How often	Reason for taking	Refill date

- Medical history – Make a list of any surgeries or procedures and the details about them, like the date, hospital and doctor. Keep a list of any health conditions, including personal and family history. Bring an updated list to every appointment. After each visit, add to the list.

- Surgical History

Surgery	Hospital	Doctor	Date

- Medical History

Condition	Personal History	Family History




○ Allergy History

Medication Name	Describe the reaction

Other Allergies (Food, pet, other)	Describe the reaction

□ Activities of Daily Living (ADL) and the care levels needed for each (No help/some help/a lot of help)

ADL	No Help	Some Help	A Lot of Help
Bathing			
Dressing			
Toileting			
Brushing teeth			
Grooming			
Eating			
Meal prep			
Taking medications			
Managing medications/refills			
Getting out of bed/chair			
Walking			
Using the phone			
Scheduling medical appointments			
Personal shopping			
Transportation			
Managing finances			
Housework			



- Calendar/Appointment tracker – Keep a schedule of all appointments

Appointment	Date/time	Location	Reason

- List of community centers/senior living facilities (Phone number, address, events)
- 

- List of common supplies needed

- Antibiotic ointment
- Adult diapers
- Antihistamine cream
- Antacids
- Aspirin
- Bandages
- Cotton swabs
- Eye drops
- Gauze pads
- Hand sanitizer
- Hydrogen peroxide
- Latex-free gloves
- Medical tape
- Pill box
- Sheets and blankets
- Sunscreen
- Thermometer
- Throat lozenges
- Tweezers
- Wet wipes

- General things to consider

- Medical alert system and phones for emergency use within reach as well
- General home safety
  - Clear walkways



- Keep walkways and hallways well lit
- Non-slip rugs
- Railings/bathroom grab bars
- Check smoke detectors monthly and change batteries yearly

Daily routine: Include meal times, exercise, nap times, etc.

Morning	
Noon	
Afternoon	
Evening	
Overnight	

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