

At Home Care Information Form

Directions: Use this form to provide instructions to the caregiver and contact information to reach you in case of an emergency.



Name of person receiving care:	_____	Age:	_____
My Name:	_____	Home Phone Number:	_____
My Address:	_____	Work Phone Number:	_____
	_____	Cell Phone Number:	_____

Emergency Contact Name:	_____	Home Phone Number:	_____
Emergency Contact Address:	_____	Work Phone Number:	_____
	_____	Cell Phone Number:	_____
Additional Contact Name:	_____	Home Phone Number:	_____
Additional Contact Address:	_____	Work Phone Number:	_____
	_____	Cell Phone Number:	_____
Physician Name:	_____	Office Phone Number:	_____
Address:	_____	Backup Phone Number:	_____
Hospital:	_____	Phone Number:	_____

Care Recipient Information

Allergies and Drug Sensitivities: _____

Medical Conditions: _____

Special Problems: _____

Provide assistance with walking:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Provide assistance with eating:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Provide assistance with toileting:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____

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MEDICATIONS

Name of Drug	Times to Administer	Dosage	Special Instructions

DAILY ROUTINE (LIST ROUTINES AND ACTIVITIES)

Morning	Afternoon	Evening

PERSONAL INFORMATION

What are activities your loved one enjoys? _____

What are the situations your loved one finds uncomfortable, distressing or annoying? _____

How does your loved one react when left with a stranger or someone who is not the primary caregiver? _____

What should the caregiver do if your loved one is difficult or tells him or her to leave? _____

What suggestions do you have to make the transition easier for everyone? _____