Care Plan Template

A one-page guide anyone can follow: family, aides, respite workers or ER staff. Update it every few months.

LOVED ONE'S FULL NAME	DATE OF BIRTH
ADDRESS	PRIMARY DOCTOR & PHONE
PHARMACY & PHONE	HEALTHCARE POA & PHONE
INSURANCE / MEDICARE #	PLAN LAST UPDATED

Daily routines

- [ ] Wake time, meals, naps and bedtime
- [ ] Help needed with bathing, dressing, toileting, moving
- [ ] Favorite activities and what calms them

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» Note what times of day are hardest.

» Write down the small things: coffee order, TV shows, how they like to be addressed.

Medical information

- [ ] Diagnoses and allergies
- [ ] Medication list with doses and times
- [ ] Doctors and specialists with phone numbers
- [ ] Insurance cards (copies) and pharmacy

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» Keep a copy in the go-bag and on the fridge.

» Note the location of advance directives and powers of attorney.

Emergency contacts

- [ ] Primary family contact and backup
- [ ] Healthcare power of attorney name and phone
- [ ] Neighbor with a key

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» Program contacts as ICE ('In Case of Emergency') in their phone.

» Share the plan with every caregiver.

Preferences

- [ ] Food likes, dislikes and dietary needs
- [ ] Faith, cultural and personal preferences
- [ ] End-of-life wishes, if known

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» Ask your loved one directly and write it in their words.

» Revisit preferences after any major health change.

Notes