

Work/Life Resource Center

Planning for eldercare involves much more than just a few phone calls or emails. You will need to know the answers to specific questions when talking with family members, health care providers and other agencies involved in the care of your loved one, especially in emergency situations. A caregiver planning sheet has been developed to aide you in the care-planning of your family member. There is a lot of work involved, so be sure to share this with other members who will be able to help you out and have it ready when needed.

Caregiver Planning Sheet

Personal Information

Date: _____
Name: _____
Age: _____
Birthday: _____
Social Security Number: _____
Diagnoses: _____
Address: _____
Phone Number: _____
Height: _____ Weight: _____
Special Equipment/Devices: _____
Allergies: _____
Blood Type: _____
Foods Not Allowed: _____

Insurance & Medical Information

Medicaid Number: _____
Phone Number: _____

Medicare Number: _____
Phone Number: _____

Primary Insurance &
Number: _____

Phone Number: _____

Supplemental Insurance & Number: _____
Phone Number: _____

Doctor: _____
Address: _____
Phone Number: _____

Specialty Doctor (s): _____
Address: _____
Phone Number: _____

Specialty Doctor (s): _____
Address: _____
Phone Number: _____

Specialty Doctor (s): _____
Address: _____
Phone Number: _____

Hospital Affiliation: _____
Address: _____
Phone Number: _____

Other Health Care or In-Home Care
Provider: _____
Phone Number: _____

Current medications &
dosage: _____

Legal & Financial Information

Location of important papers and documents:

Will: _____

Power of Attorney: _____

Durable Medical Power of

Attorney: _____

Birth Certificate: _____

Divorce Decree: _____

Property Deeds: _____

Safe Deposit Box: _____

Location of Key (s): _____

Other Documents: _____

Sources of Income

Monthly Income: _____

Social Security: _____

Retirement/Pension: _____

Bank Accounts: _____

Name of Bank: _____

Account Number: _____

Checking: _____

Savings: _____

Address: _____

Phone Number: _____

Investments

Institution or Broker: _____

Phone Number: _____

Location of Account Statements: _____

Stocks: _____

Bonds: _____

Annuities: _____
CDs: _____
Mutual Funds: _____
IRAs: _____
Money Market: _____
Other: _____

Accountant/Broker/Financial Planner

Name: _____
Address: _____
Phone Number: _____

Types of insurance

Life: _____
Disability: _____
Long Term Care: _____
ElderGap: _____
Dental: _____
Homeowners/Rental: _____
Liability: _____
Automobile: _____

End of Life Information

Funeral Pre-Planning: _____
Funeral/Burial/Cremation/Memorial
arrangements: _____
Clergy: _____
Florist: _____
Music/Songs: _____
Newspaper/Obituary: _____
People to be
contacted: _____

Who will take care of...

Mail

Newspaper

Bills

Messages

Pets

Plants

Flowers

Outdoor Maintenance

Spouse

...during a crisis?

*This document was created by David Perrotta
for the Work/Life Resource Center*