

	Caregiv	er Resources	
		ted by the caregiver	
Caregiver Information		I'm caring for	
Name:		Name:	
Phone number:		Phone number:	
Address		Address:	
Medical information a	bout my loved one		
Medical problems/con	cerns:		
Medication Allergies			
Medication name:		Reaction:	Notes:
1.			
2.			
3.			
Health Care Team	10 11 10 1		T., .
Doctors/Providers:	Specialty/Service:	Contact information:	Notes:
1.			
2.			
3.			
4.			
Cantasta			
Emergency Contacts Name:	Phone number:	Relationship:	Notes:
1.	Phone number.	Relationship.	Notes.
2.			
3.			
4.			
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Who to call if I'm unay	_ vailable to care for my l	oved one:	
Name:	Phone number:	Relationship:	Notes:
1.	i none namber.	Netationship.	110103.
2.			
Other Information/No	otes	1	1
State and			



Caregiver Checklist			
	Essential items for managing your role as a caregiver		
I Have a Folder With			
	Copy of insurance cards		
	Copy of living will		
	List of medications and when they are taken		
	Completed Brain Charge Caregiver Resource list		
	Other:		
	Other:		
Appointments			
	Calendar/phone with appointment times and reminders		
	Transportation arrangement to appointments		
Medications			
	Pill boxes with AM/PM rows (2 boxes recommended)		
	My plan to keep medications safe		
	- Where they are stored:		
	- How they are locked:		
Meals			
	List of foods/meals my loved one can have		
	Meal plan for the week		
Household Safety			
	Car keys are safely stored		
	Cleaning/hazardous chemicals locked up		
	Door and window locks secured		
	Assistive handles/bars in bathroom, other rooms		
	Ramps within door/entry ways installed (for wheelchair, walker)		
	No loose cords or tripping hazards		
	Functional smoke and carbon monoxide detectors		
Notes			