

Caregiver's Organizer

The following pages are meant to help you gather important information and organize your time so you can care for your parent efficiently and smoothly. They are merely guidelines; adapt them to suit your needs.

If a number of people are involved in your parent's care, you might want to put copies of some of these pages into a storage service, such as Dropbox or Evernote, so you and others can access them from anywhere, and update them regularly. The pages provided here are:

- Key Information
 - Emergency Identification Cards
 - Emergency Medical Information
 - Medications List
 - Weekly Medications Chart
 - Medical Contacts
 - Medical Log
 - Home Safety Checklist
- Community Services
 - Employment Agreement
 - Caregiver Contacts
 - Daily Log
 - Family Caregiver Contract
 - Financial/Legal Contacts
 - Financial Planner
 - Monthly Budget
 - End-of-Life Wishes

Key Information

Parent's full name _____
Address _____
Phone _____ Cell _____
Date of birth _____ Place of birth _____
Social Security number _____ Passport number _____
Driver's license number _____
Medicare number _____ Medicaid number _____
Military ID _____
Emergency contacts _____
Religious affiliation/Place of worship _____
Name of clergy person _____ Phone _____

LOCATE THE FOLLOWING:

- Certificates of birth, marriage, divorce/separation, citizenship
- Will and any codicils (amendments) to the will
- Durable power of attorney
- Living will and power of attorney for health care
- DNR or other medical orders
- Insurance policies (life, health, home, etc.)
- Keys to house, office, safe-deposit box, post office box, etc.
- Combinations to any safe or lock
- List of recent employers, dates of employment, terms of employment
- Contracts or rental agreements
- Titles to real estate, cars, boats, and other vehicles
- Jewelry and other valuables
- Charge, debit, and banking cards
- Check registers, savings passbook
- Internet passwords, access codes, PINs
- Appraisals of personal property
- Copies of federal and state tax returns from the past three to five years
- Receipts from property taxes and other large recent payments
- Instructions on how to care for a pet, plants, house, or dependent
- Burial/cremation and funeral instructions, if any

NOTE: Keep sensitive information (such as Social Security number and passwords) private.

Emergency Identification Cards

(FRONT)

For your parent's wallet:

EMERGENCY MEDICAL ID		
NAME: _____	DOB: _____	
ADDRESS: _____		
CITY: _____	STATE: _____	
EMERGENCY CONTACTS:		
NAME	PHONE	PHONE
_____	_____	_____
_____	_____	_____
PHYSICIAN	PHONE	PHONE
_____	_____	_____

For yours:

(It's best not to list your parent's name and address here because if your wallet is stolen, you don't want to alert the wrong people that your parent is alone and vulnerable. Instead, list emergency contacts who can then check on your parent.)

IN CASE OF EMERGENCY
I AM THE CAREGIVER OF A DISABLED PERSON.
MY NAME IS:

If I am injured or otherwise detained, please contact the alternate caregivers listed on the back of this card.

Emergency Identification Cards

(BACK)

For your parent's wallet:

EMERGENCY MEDICAL ID		
Medical Conditions:	_____	
Allergies:	_____	
Medication:	_____	
Medication:	_____	
Medication:	_____	
Medication:	_____	

For yours:

IN CASE OF EMERGENCY		
NAME	PHONE	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Medical Information

Fill this out and place it in a clear plastic bag with a copy of your parent's medications list, advance directives, and any medical orders. If more than one elderly person resides in the house, include a photo. Tape the bag to the refrigerator door (or inside of the front door), with "EMERGENCY MEDICAL INFORMATION" clearly visible. Update the information regularly.

Name _____ Nickname _____
Address _____
Phone _____ Cell _____
Date of birth _____ Gender M/F _____
Primary language _____
Primary insurance provider _____ Policy number _____
Secondary insurance provider _____ Policy number _____
Do you have a living will? Y N Health care proxy? Y N
Health care agent: _____ Phone: _____

EMERGENCY CONTACTS:

Name	Cell phone	Home phone	Work phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Primary physician _____ Phone _____
Secondary physician _____ Phone _____
Preferred hospital _____ Phone _____

MEDICAL CONDITIONS/DISABILITIES:

Allergies _____
Past surgeries (TYPE/ DATE) _____
Height _____ Weight _____ Blood Type _____
Needs: Glasses Dentures Hearing aid Oxygen Cane/Walker

Medications List

Keep track of all your parent's medications (including over-the-counter drugs and supplements). Update this list any time prescriptions change.

DRUG (brand and generic) DESCRIPTION (ex.: white, oval)	START / END DATES	PURPOSE	DOSE / INSTRUCTIONS (ex.: 10 mg, 3x/day, with food)	PRESCRIBING DOCTOR / PHONE

Weekly Medications Chart

When multiple medications and/or multiple caregivers are involved, it's wise to have people check off when each pill is taken so there are no mix-ups.

Drug: _____	TIME	SUN	MON	TUES	WED	THU	FRI	SAT
Dose: _____								
Instructions: _____								

Drug: _____	TIME	SUN	MON	TUES	WED	THU	FRI	SAT
Dose: _____								
Instructions: _____								

Drug: _____	TIME	SUN	MON	TUES	WED	THU	FRI	SAT
Dose: _____								
Instructions: _____								

Drug: _____	TIME	SUN	MON	TUES	WED	THU	FRI	SAT
Dose: _____								
Instructions: _____								

Drug: _____	TIME	SUN	MON	TUES	WED	THU	FRI	SAT
Dose: _____								
Instructions: _____								

Drug: _____	TIME	SUN	MON	TUES	WED	THU	FRI	SAT
Dose: _____								
Instructions: _____								

Drug: _____	TIME	SUN	MON	TUES	WED	THU	FRI	SAT
Dose: _____								
Instructions: _____								

Drug: _____	TIME	SUN	MON	TUES	WED	THU	FRI	SAT
Dose: _____								
Instructions: _____								

Medical Contacts

PRIMARY PHYSICIAN _____

Address _____ Email _____

Phone _____ Second phone _____

PHYSICIAN _____

Address _____ Email _____

Phone _____ Second phone _____

PHYSICIAN _____

Address _____ Email _____

Phone _____ Second phone _____

DENTIST _____

Address _____ Email _____

Phone _____ Second phone _____

PHYSICAL / OCCUPATIONAL THERAPIST _____

Address _____ Email _____

Phone _____ Second phone _____

PHARMACY _____

Address _____

Phone _____

HOSPITAL _____

Address _____

Phone _____

OTHER _____

Address _____

Phone _____

Medical Log

Keep a log of ailments, symptoms, appointments, test results, and other medical information that you can refer to as your parent's health and medical needs change.

DATE	SYMPTOM / ISSUE	CLINIC / DOCTOR SEEN	NOTES / TESTS / PROCEDURES	INSTRUCTIONS

Home Safety Checklist

- Program the phone with 911 on speed dial. Be sure it's clearly marked.
- Post emergency information by the phone or on the refrigerator (whom to call in case of emergency, house street address and cross street, medical information).
- Lock up or clearly label harsh cleaning agents, insecticides, chemicals, etc.
- Lock up firearms.
- Check that smoke and carbon monoxide detectors work.
- Purchase a backup generator for use in case of a power outage.
- Store a flashlight by the bed.
- Set the hot water heater to 120°F (as elderly people are easily scalded).
- Mark hot and cold taps clearly.
- Remove or tack down loose rugs (remove throw rugs).
- Clear pathways of clutter, small furniture, electrical cords, etc.
- Install handrails along stairs and hallways (one on each side of a stairwell).
- Install grab bars in the bathroom, but also near the closet or bed, if needed.
- Fix loose floorboards and remove thresholds at doorways.
- Get rid of wobbly chairs, three-legged tables, or other unstable furniture.
- Use nonslip treads and/or mark the edges of steps with bright tape.
- Check that lighting is adequately bright and evenly distributed.
- Be sure light switches are easy to locate and use.
- Reduce glare by aiming lights at walls or ceilings.
- Use night-lights along any path your parent might use at night.
- Switch to lever-style handles (which are easier to use).
- Consider a raised toilet seat.
- Use rubber mats and nonslip strips on floors that might be wet (in the bathroom and kitchen).
- Place items your parent uses frequently on shelves that are easily reached.
- Clearly mark stove dials, especially the OFF position, with red tape or nail polish.
- Note food expiration dates and review basic food safety tips.
- Be sure all medications are clearly labeled so your parent can easily read them.
- Dispose of medications that are no longer needed.

Community Services

To find services in your parent's community, contact the area agency on aging, which you can find through the Eldercare Locator (eldercare.gov or 800-677-1116).

	PHONE / WEBSITE	CONTACT PERSON	NOTES
Area agency on aging			
Senior center			
Adult day services			
Transportation services			
Meal programs			
Chores / Home repair			
Companions / Visitors			
Home care agency			
Phone reassurance			
Geriatric care manager			
Hospice			

Employment Agreement

This agreement between _____ (employer) and
_____ (employee) _____ (address)
_____ (phone) _____ (email)
is effective starting on _____ (date). The employee agrees to
care for _____ (the client) during the following days and hours:

The client has the following limitations and needs:

Services to be provided by the employee include, but are not limited to:

The employer will pay \$ _____ / _____ (hour/day/week) for these services.

The employee understands that despite any physical or mental limitations, this client deserves to be treated with respect, dignity, and compassion. The client should retain as much autonomy as possible. The employee must not take advantage of or coerce the client in any way.

Changes in the terms of employment must be arranged with the employer in advance. The employee promises to discuss any concerns, problems, changes in symptoms, or mishaps with the employer as soon as they arise. The employee will keep a log and receipts of any approved expenses.

Likewise, the employer understands that the employee deserves respect, privacy, patience, and compassion. The employer also agrees to discuss any concerns with the employee as they arise.

Signed this day by:

_____ (employee) _____ (date)

_____ (employer) _____ (date)

Caregiver Contacts

When siblings, therapists, aides, and companions are all providing care, it helps to keep a master list of who's who.

NAME/TITLE	PHONE	EMAIL AND / OR ADDRESS
	(c) _____ (h) _____ (w) _____	
	(c) _____ (h) _____ (w) _____	
	(c) _____ (h) _____ (w) _____	
	(c) _____ (h) _____ (w) _____	
	(c) _____ (h) _____ (w) _____	
	(c) _____ (h) _____ (w) _____	
	(c) _____ (h) _____ (w) _____	
	(c) _____ (h) _____ (w) _____	
	(c) _____ (h) _____ (w) _____	

Daily Log

When multiple caregivers are involved, you may want to keep a log of who's doing what. Circle or highlight the boxes to indicate what needs to be done on each day, and then ask caregivers to check off each item when it's done. Here's an example:

	SUN	MON	TUES	WED	THU	FRI	SAT
Shower							
Shampoo							
Oral care							
Nail care							
Shave							
Get dressed							
Breakfast							
Toileting							
Morning meds							
Wound care							
Skin care							
Laundry							
Clean kitchen							
Change linens							
Vacuum/Dust							
Lunch							
Afternoon meds							
Emails/Calls							
Groceries							
Exercises							
Dinner							
Dress for bed							
Night meds							
Other							

Financial/Legal Contacts

Account information and passwords are extremely private, so store this in a safe place.

PRIMARY BANK _____

Contact _____ Phone _____

Account #/description _____

Website _____ Login/password _____

SECONDARY BANK _____

Contact _____ Phone _____

Account #/description _____

Website _____ Login/password _____

ACCOUNTANT _____

Firm _____ Phone _____

Email _____

LAWYER _____

Firm _____ Phone _____

Email _____

FINANCIAL ADVISOR _____

Firm _____ Phone _____

Email _____

INSURANCE AGENT _____

Firm _____ Phone _____

Email _____

Financial Planner

If you are (or one day might be) helping with your parent's finances, you will need a list of assets and liabilities. Gather records, contracts, bills, agreements, trusts, account numbers, and so forth, or know where that information is kept. Update these records as needed.

ASSETS	ACCOUNT #	BALANCE
Savings account	_____	_____
Checking account	_____	_____
Investment account	_____	_____
Other securities/funds	_____	_____
Retirement accounts (IRA, 401k)	_____	_____

	DESCRIPTION	VALUE
Real estate	_____	_____
Cars, boats, and other vehicles	_____	_____
Valuables (jewelry, paintings, etc.)	_____	_____
Business and partnership agreements	_____	_____
Profit-sharing and pension plans	_____	_____
Annuities	_____	_____
Life insurance	_____	_____
Other	_____	_____

DEBTS	DESCRIPTION	AMOUNT
Mortgage	_____	_____
Car loan	_____	_____
Other outstanding loans	_____	_____
Credit card debt	_____	_____
Other	_____	_____

ESTIMATED FUTURE EXPENSES	COST
Home renovations (to make it more accessible)	_____
Assisted living devices (automatic door openers, stair lift, hearing/vision aids, walkers, etc.)	_____
Medical bills, copays	_____
Home health care	_____
Assisted living and/or nursing home	_____
Legal/financial fees	_____
Funeral expenses	_____

Monthly Budget

If you are helping your parent create a budget, make a list of all income and expenses, so you know where the money is going and what can be trimmed if necessary.

MONTHLY INCOME

Salary/Wages _____
Other business income _____
Retirement benefits (pension, IRA, Keogh, etc.) _____
Social Security _____
Dividends _____
Interest (from investments) _____
Rental income _____
SSI, food stamps, or other entitlements _____
Other _____

MONTHLY BILLS

Mortgage/Rent _____
Taxes _____
Utilities
(Gas/Electric/Oil/Phone/Cable/TV/Water) _____
Insurance premiums
(Home/Car/Health/Life/Disability/Long-term care) _____
Food _____
Transportation
Car payments/garage fees/gas and upkeep _____
Public transportation _____
Clothing _____
Medical
(medications, copays, etc.) _____
Home and yard upkeep _____
Interest payments
(credit cards, outstanding loans) _____
Hobbies and pastimes _____
Pet care _____
Entertainment _____
Gifts/Donations _____
Other _____

End-of-Life Wishes

Your parent needs advance directives (a living will and health care proxy) that are particular to his state. It's essential that he also discuss his views at length because the issues that arise are extremely complicated. Here's a starting point for these conversations:

YOUR PROXY

- Who will make medical decisions on your behalf if you cannot make them yourself?
- Will this person be able to confer with doctors and make hard choices at an emotional time?
- Who, beyond your doctors and your proxy, should be consulted?
- Do family members know and accept that your proxy will be making decisions?

IMMEDIATE GOALS

- What are your goals at this point in your life?
- Is there anything left undone or unsaid?
- If there is something you want to accomplish or do, can that happen now?

GENERAL VIEWS

- What do you fear about illness and death?
- What disability or situation do you think would be intolerable?
- How do your religious or personal beliefs affect your views on the end of life?
- How would you describe a "good" death?
- How important is it to you where you die (e.g., at home or in a hospital)?

MEDICAL DECISIONS

- How direct should your doctor be with you? Do you want to know everything?
- What should be the goal of treatment? More time? Comfort? Mobility? Lucidity?
- How might those goals change if you were extremely ill and in pain?
- How aggressively should doctors act to keep you alive?
- If you were extremely ill and the prognosis bleak, would you want:

Hospitalization _____ Artificial hydration _____

Surgery _____ Resuscitation _____

Artificial nutrition _____ Ventilator _____

- Do you have/want medical orders (such as a DNR or POLST) that protect you from any of the above?

COMFORT

- What do you think of hospice care and would you like that for yourself?
- Would you like to talk with a hospice provider to learn more about it?
- What might bring you comfort if you were at the end of life? For example:

Music _____ Visitors _____

Massage/touch _____ People talking _____

Prayer, stories, or music _____ Silence _____

A particular pet _____ Solitude _____