

Elderly Care Plan

This care plan ensures you receive personalized support by outlining your medical needs, daily routine, and preferences, helping caregivers provide better, more consistent care.

Personal Information

Name:	Date of birth:
Gender:	Phone number:
Address:	

Emergency Contact Information

Name:	Relationship:
Email:	Phone number:

Insurance Information

Insurance provider:	
Policy number:	Group number:

Medical Information

Primary physician's name:
Phone number:

Medications

Name	Dosage	Frequency

Medical Conditions

Allergies

Special dietary needs

Personal Preferences

Favorite activities:

Walking location:

Beverage:

Other:

Caregivers

Name

Relationship

Contact details

Primary

Secondary

Professional (if any)

Daily routine

Morning

Afternoon

Evening

Mobility assistance

Type needed

Details

Daily living assistance

Details

Bathing

Dressing

Eating

Toileting

Housekeeping

Other care needs

Safety measures

Details

Fall prevention

Fire safety

Emergency

Care goals

Services required

Other notes