

Senior Care

PLANNER



Dr. Staci Moore

Personal Information

PERSONAL INFO

FULL NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

PRIMARY CARE PHYSICIAN

FULL NAME: _____

CONTACT NUMBER: _____

ADDRESS: _____

INSURANCE DETAILS

HEALTH INSURANCE POLICY DETAILS:

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HEALTH INSURANCE POLICY NUMBER: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

This section provides vital details at a glance, ensuring important personal information is easily accessible for caregivers and in case of emergencies.

"I am grateful for the richness of my life experiences."

Medical Information

MEDICAL HISTORY

PAST & CURRENT MEDICAL CONDITIONS, SURGERIES, AND HOSPITALIZATIONS

ALLERGIES: INCLUDE KNOWN ALLERGIES, ESPECIALLY TO MEDICATIONS

CURRENT MEDICATIONS: LIST CURRENT MEDICATIONS, INCLUDING THEIR DOSAGES AND FREQUENCIES

SPECIAL CARE NEEDS: DESCRIBE ANY SPECIAL CARE NEEDS OR ACCOMMODATIONS DUE TO MEDICAL CONDITIONS

This section provides an overview of the senior's health and any special care needs. It can assist caregivers and medical professionals in providing appropriate care and interventions.

Daily Routine

WAKE-UP AND BEDTIME: Record usual wake-up and bedtime hours

_____	_____
_____	_____
_____	_____

MEALS: Note typical meal times and any dietary restrictions or preferences

MEAL TIMES:

DIETARY RESTRICTIONS/PREFERENCES:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HYGIENE: Detail hygiene routine including bathing, oral care, etc

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

"Every day brings new opportunities for joy."

Daily Routine

EXERCISE AND LEISURE: Document any exercise routines or leisure activities the senior enjoys

EXERCISE ROUTINES:

LEISURE ACTIVITIES:

This section helps to establish a consistent routine, providing comfort and stability. It also assists caregivers in planning activities and understanding the senior's preferences.

Caregiver Note

DAILY OBSERVATIONS	MONDAY
	TUESDAY
	WEDNESDAY
	THURSDAY
	FRIDAY
	SATURDAY
	SUNDAY

This section provides a space for caregivers to communicate about the senior's daily experience. It can help identify patterns or changes that may need to be addressed.

"I take pride in my resilience."

Caregiver Note

CHANGES OR CONCERS	MONDAY
	TUESDAY
	WEDNESDAY
	THURSDAY
	FRIDAY
	SATURDAY
	SUNDAY

This section provides a space for caregivers to communicate about the senior's daily experience. It can help identify patterns or changes that may need to be addressed.

"My stories and memories are treasures."

Caregiver Note

CAREGIVER SCHEDULE	MONDAY	NOTE
	TUESDAY	NOTE
	WEDNESDAY	NOTE
	THURSDAY	NOTE
	FRIDAY	NOTE
	SATURDAY	NOTE
	SUNDAY	NOTE

This section provides a space for caregivers to communicate about the senior's daily experience. It can help identify patterns or changes that may need to be addressed.

"Each moment is an opportunity to learn and grow."

Legal & Financial Information

LEGAL DOCUMENTS: Record where to find important legal documents, such as a will, power of attorney, or advance healthcare directive

FINANCIAL INSTITUTIONS: List institutions where the senior has accounts, including bank name and general account types.

This section is for informational purposes and to provide guidance in managing the senior's affairs, especially in cases of emergency or sudden illness. Always ensure this information is stored securely to protect the senior's privacy and security.

"I celebrate the person I have become through my life experiences."

Legal & Financial Information

INSURANCE POLICIES: Detail any other insurance policies like life insurance, property insurance, etc.

This section is for informational purposes and to provide guidance in managing the senior's affairs, especially in cases of emergency or sudden illness. Always ensure this information is stored securely to protect the senior's privacy and security.

"My spirit is ageless."

Goals & Preferences

PERSONAL GOALS: Write down any goals the senior has for their daily life, health, social activities, etc.

PREFERENCES: Detail preferences for things like meals, activities, socializing, etc.

PERSONAL GOALS	PREFERENCES

This section supports the senior's autonomy and enjoyment of life by documenting their goals and preferences.

"I find joy in the simple moments of life."

Weekly Reflection & Review

A space for the senior or their caregiver to note what went well in the week, what was challenging, and what could be improved.

WEEK 1

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

GOALS:

CHANGES IN HEALTH OR MOOD:

ADJUSTMENTS TO THE CARE PLAN:

This section provides a regular opportunity to evaluate how the senior is doing and adjust their care as needed. It helps ensure the care plan remains responsive to the senior's needs and preferences.

Weekly Reflection & Review

A space for the senior or their caregiver to note what went well in the week, what was challenging, and what could be improved.

WEEK 2

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

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WEEK 3

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WEEK 4

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Monthly Reflection & Review

A broader review to note progress towards goals, changes in health or mood, and adjustments to the care plan if needed

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