

# Caregiver Care Plan

Patient name:		Gender:	
Date of birth:		Age:	
Address:			
Contact information:			
Medical conditions			
Condition	Healthcare provider for this condition	Medicine taken	Things that help (resting, exercise)
Medications			
Name of medicine	Special instructions	Dose	When to take it
Goals of care			

Interventions		Rationale	
Emergency contacts			
Name	Relation	Phone number	Address
Healthcare providers			
Name	Specialty	Hospital/clinic	Phone number
Caregiver resources			
Service provided (Driving, adult day care, meals, helpers, etc.)		Name of provider	Contact information
Advanced care planning and insurance information			
Medical power of attorney:			
Phone number:			
Insurance provider:			
Phone number:			

## Instructions and important considerations