

Caring For Aging Parents Checklist

Patient information	
Name:	Date of birth:
Address:	
Contact information:	
Emergency contact:	Date today:
Family members' contact information	
Primary family member's name:	Relationship with patient:
Contact information:	
Secondary family member's name:	Relationship with patient:
Contact information:	
I. Health management	
Regular medical check-ups	
Annual physical exam date done?	Vision test done?
Yes, and if yes state date: Not yet	Yes, and if yes state date: Not yet
Hearing test done?	Dental check-up done?
Yes, and if yes state date: Not yet	Yes, and if yes state date: Not yet
Cancer screenings (e.g., mammogram, colonoscopy, etc.) done?	Bone density test done?
Yes, and if yes state date: Not yet	Yes, and if yes state date: Not yet
Medical management	
Is the patient currently on medications?	If yes, list current medications:
Yes No	1.
Medication reminders:	2.
	3.
Set reminders for:	Pill organizer in use?
	Yes No
Prescription review date:	

Diet and exercise	
Are there any dietary guidelines?	List dietary guidelines if there are any:
<div>Yes</div> <div>No</div>	
Is there an exercise plan for the patient?	List allowed exercises if there are any:
<div>Yes</div> <div>No</div>	
II. Safety and home modifications	
Home assessment	
Safety hazards identified:	Home modifications needed:
<input type="checkbox"/> Loose rugs <input type="checkbox"/> Poor lighting <input type="checkbox"/> Stairs/steps <input type="checkbox"/> Others:	<input type="checkbox"/> Install grab bars <input type="checkbox"/> Improve lighting <input type="checkbox"/> Remove hazards <input type="checkbox"/> Other:
Emergency preparedness	
Emergency contact information list:	
Family contacts? If yes, state name and contact information:	
Healthcare providers? If yes, state name and contact information:	
Neighbors and nearby friends? If yes, state name and contact information:	
Emergency plan created?	If an emergency plan is created, state here:
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Monitoring technology:	
<input type="checkbox"/> Fall detector <input type="checkbox"/> Emergency alert system <input type="checkbox"/> Other:	

III. Legal and financial matters

Legal documentation

Will and trusts:

- ☐ Wills updated
- ☐ Trusts in place

Healthcare proxies and durable power of attorney:

- ☐ Yes
- ☐ No

Living will:

- ☐ Yes
- ☐ No

Name of authorized person(s) and relationship:

Financial planning

Insurance policies:

- ☐ Health insurance
- ☐ Life insurance
- ☐ Long-term care insurance

Review of financial statements:

- ☐ Completed
- ☐ Pending

Name and contact information of financial advisor:

Care funding options:

- ☐ Medicaid
- ☐ Private insurance
- ☐ Others:

IV. Emotional and social well-being

Social engagement

Encourage participation in:

- ☐ Social activities
- ☐ Community programs
- ☐ Hobbies/clubs

Additional notes:

Caregiver support			
Support groups:		Respite care options:	
Yes	No	Yes	No
Caregiver support resources:			
<input type="checkbox"/> Counseling <input type="checkbox"/> Others:			
V. Caregiving plan			
Family coordination			
Family meeting held?		Caregiving roles clarified?	
Yes	No	Yes	No
Shared caregiving apps used?		App names:	
Yes	No		
In-care options			
In-home care services:		Provider name (if available):	
<input type="checkbox"/> Research completed <input type="checkbox"/> Pending			
Assisted living facilities:			
<input type="checkbox"/> Research completed <input type="checkbox"/> Facility name:			
Adult day programs:			
<input type="checkbox"/> Research completed: <input type="checkbox"/> Program name:			
Healthcare professional information			
Name:			
Signature:			
License ID number:			
Contact information:			
Date today:			