Daily Care Plan for Elderly Patients

Patient Information:

<table>
<tr><td>Person Receiving Care</td><td>Age</td><td>Date of Birth</td></tr>
<tr><td colspan="3">Address</td></tr>
<tr><td>Phone Number(s)</td><td>Physicians contact</td><td>Height</td></tr>
<tr><td>Weight</td><td colspan="2">BMI</td></tr>
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Comorbid Conditions and relevant medications:

Endocrine:

Musculoskeletal:

Respiratory:

Cardiovascular:

Neurological:

Gastrointestinal:

Psychiatric:

Other comorbid conditions:

PATIENT/FAMILY/CAREGIVER PRIMARY CONCERNS:

Patient Goals, Values, and Preferences:	Strategies: (Include referrals made)	Notes:

Care plan documentation	Checklist	Documents completed	Date
Medication review	☐ Medication review conducted or requested ☐ Patient/caregiver/representative given copy of medication record	☐ Best Possible Medication History (see example Associated Document)	
Advance care planning	☐ Discussed advance care planning ☐ Discussed advance care planning	☐ Medical Order for Scope of Treatment (MOST) ☐ No Cardiopulmonary Resuscitation form (HLTH 302.1)	
Care plan communication	☐ Care plan shared with patient/caregiver/representative ☐ Provided Patient and Caregiver Resource Guide	Names/roles of persons present at care plan discussion:	

MEDICAL REVIEW:

Area of assessment	Notes and concerns	Recommendations and referrals
Immunizations		
Habits		
Nutrition		

Bowels and Bladder		
Perception and Communication		

PSYCHOLOGICAL REVIEW:

Area of assessment	Notes and concerns	Recommendations and referrals
Cognition		
Mood		

FUNCTIONAL REVIEW:

Area of assessment	Notes and concerns	Recommendations and referrals
Mobility		
Fall Risk		
Physical Activity		
Basic Activities of Daily Living		

Instrumental activities of daily living		

SOCIAL AND ENVIRONMENTAL REVIEW

Area of assessment	Notes and concerns	Recommendations and referrals
Social and Spritual Needs		
Care Support		
Managing at home		

From the review, form a daily plan that encompasses the needs and how/who will meet them. This is intended for low assistance needs as care facilities will structure their own care plan with staff and the patient:

Service Plan

Monday	
Service Provider:	
From:	To:
Tuesday	
Service Provider:	
From:	To:
Wednesday	
Service Provider:	
From:	To:
Thursday	
Service Provider:	
From:	To:

Friday	
Service Provider:	
From:	To:
Saturday	
Service Provider:	
From:	To:
Sunday	
Service Provider:	
From:	To:

Services to be Performed
☐ Laundry ☐ Errands and transportation ☐ Companionship ☐ Assistance with bathing and grooming ☐ Housekeeping ☐ Medication management Other:

Physician's Signature: ______________________________ **Date:** ____ / ____ / _________

Patient Acknowledgment

- I have reviewed the care plan and understand the information provided.

Patient's Signature: ______________________________ **Date:** ____ / ____ / _________