

# Elderly Care Plan

Personal information		
Name:	Date of birth:	
Sex:	Phone number:	
Address:		
Emergency contact information		
Name:	Relationship:	
Phone number:	E-mail:	
Insurance information		
Insurance provider:		
Policy number:	Group policy number:	
Medical information		
Primary physician's name:		
Phone number:		
Medical conditions		
Medications		
Name	Dosage	Frequency
Allergies		
Special dietary needs		

Personal preferences			
Preference	Details		
Tea/coffee			
Preferred walking location			
Favorite activities			
Other preferences			
Caregivers			
	Name	Relationship	Contact details
Primary caregiver			
Secondary caregiver			
Professional caregiver (if any)			
Daily routine			
Morning	Afternoon	Evening	
Mobility assistance			
Type of assistance needed	Details		

Daily living assistance	
Activity	Details
Bathing	
Dressing	
Eating	
Toileting	
Housekeeping	
Other care needs	
Need	Details
Safety measures	
Measure	Details
Fall prevention	
Fire safety	
Emergency	
Other safety measures	
Care goals	
Goal	Details

Care goals	
Goals	Details
Services required	
Service	Details
Additional notes	