

PATIENT:	DATE COMPLETED:
DOB:	COMPLETED BY:

Checklist

Completed	Task	Responsible	Notes
0	1. Conditions Chart		
0	2. Allergies Chart		
0	3. Medications Chart		
0	4. <u>Dietary Restrictions</u>		
0	5. <u>Care Calendar</u>		
0	6. <u>Safety Needs Worksheet</u>		
0	7. <u>Care Team Info</u>		
0	8. <u>Training</u>		
0	9. Research Resources		



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Conditions

Condition	Symptoms	Medications	Onset of Condition	Notes	Physician	Physician Contact info



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Allergies

A.H	D :	In Case of Allergic Reaction					
Allergy	Reaction	Medication	Instructions	Who to Contact	Contact Info		



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Medications

PHARMACY: PHONE NUMBER:

A. I. I.	In Case of Allergic Reaction					Reason for	Prescription	Prescribing	g Physician	Not	es
Medication	Dose	Frequency & Time	Instructions	Start Date	End Date	Condition	Purpose	Physician Name	Physician Contact	Side Effects	Additional Info



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Dietary Restrictions

Food/Nutrient	Quantity	Notes					
	Regular Diet						
		Occasional					
		Avoid					



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Care Calendar

Day	Time	Care	Responsible	Notes



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Day	Time	Care	Responsible	Notes



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Day	Time	Care	Responsible	Notes	
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Day	Time	Care	Responsible	Notes		



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Safety & Independent Living Needs

Room	Accommodation	Required/ Optional	Training	Cost	Notes



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Care Team

Name	Responsibility	Preferred Contact Info	Notes				
		Team Leader					
	Physicians						



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Name	Responsibility	Preferred Contact Info	Notes	
		Nurses		
		Caregivers		
		Transportation		



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Training

Training	Link	Contact Info	Course/Online Private Nurse	Notes



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Research

Topic	Link	My Rating	Book/Article Video/Podcast	Notes
Deciding to bring grandma home	NurseRegistry Blog	Very helpful	Article	The worksheets were very helpful. I don't need this article anymore, but I highly recommend it for others.
Guide for the Big Move	NurseRegistry Blog	Very helpful	Article	I'm loving the planners. They're making staying organized easy for all of us.



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Topic	Link	My Rating	Book/Article Video/Podcast	Notes



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