

Daily Care Plan for Elderly Patients

PATIENT INFORMATION:

Person Receiving Care: _____	Age: _____
Date of Birth: _____ dd / mm / yyyy	Address: _____
Phone Number(s): _____	Physicians contact: _____
Height: _____	Weight: _____
BMI: _____	

COMORBID CONDITIONS AND RELEVANT MEDICATIONS:

Endocrine

Musculoskeletal

Respiratory

Cardiovascular

Neurological

Gastrointestinal

Psychiatric

Other comorbid conditions

PATIENT/FAMILY/CAREGIVER PRIMARY CONCERNS

PATIENT/FAMILY/CAREGIVER PRIMARY CONCERNS

Patient Goals, Values, and Preferences

Strategies (Include referrals made)

Notes

MEDICATION REVIEW

- Medication review conducted or requested
- Patient/caregiver/representative given copy of medication record

Date: _____ dd / mm / yyyy

ADVANCE CARE PLANNING

- Discussed advance care planning

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:

Immunizations - Notes and concerns

Immunizations - Recommendations and referrals

Habits - Notes and concerns

Habits - Recommendations and referrals

Nutrition - Notes and concerns

Nutrition - Recommendations and referrals

Bowels and Bladder - Notes and concerns

Bowels and Bladder - Recommendations and referrals

Perception and Communication - Notes and concerns

Perception and Communication - Recommendations and referrals

PSYCHOLOGICAL REVIEW:

Cognition - Notes and concerns

Cognition - Recommendations and referrals

Mood - Notes and concerns

Mood - Recommendations and referrals

FUNCTIONAL REVIEW:

Mobility - Notes and concerns

Mobility - Recommendations and referrals

Fall Risk - Notes and concerns

Fall Risk - Recommendations and referrals

Physical Activity - Notes and concerns

Physical Activity - Recommendations and referrals

Basic Activities of Daily Living - Notes and concerns

Basic Activities of Daily Living - Recommendations and referrals

Instrumental activities of daily living - Notes and concerns

Instrumental activities of daily living - Recommendations and referrals

SOCIAL AND ENVIRONMENTAL REVIEW:

Social and Spritual Needs - Notes and concerns

Social and Spritual Needs - Recommendations and referrals

Care Support - Notes and concerns

Care Support - Recommendations and referrals

Managing at home - Notes and concerns

Managing at home - Recommendations and referrals

SERVICE PLAN

Monday - Service Provider: _____

Monday - From: _____

Monday - To: _____

Tuesday - Service Provider: _____

Tuesday - From: _____

Tuesday - To: _____

Wednesday - Service Provider: _____

Wednesday - From: _____

Wednesday - To: _____

Thursday - Service Provider: _____

Thursday - From: _____

Thursday - To: _____

Friday - Service Provider: _____

Friday - From: _____

Friday - To: _____

Saturday - Service Provider: _____

Saturday - From: _____

Saturday - To: _____

Sunday - Service Provider: _____

Sunday - From: _____

Sunday - To: _____

Services to be Performed

- Laundry
- Errands and transportation
- Companionship
- Assistance with bathing and grooming
- Housekeeping
- Medication management

Other Services: _____

Physician's Signature

Physician Signature Date: _____ dd / mm / yyyy

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

Patient's Signature

Patient Signature Date: _____ dd / mm / yyyy