

## **Elder Care Plan**

**Name:**

**DOB:**

**Allergies:**

**Past Medical History:**

**Past Surgical History:**

**Medication:** (include name/ strength/ dosage)

**Treating Physicians:** (include all contact information)

Internist:

Urologist: (Urinary Tract)

Cardiologist: (Heart)

Endocrinologist: (Diabetes/Thyroid)

Podiatrist: (Foot)

Gastroenterologist: (Stomach/Intestinal)

Optometrist: (Eyes/Vision)

Other Physicians:

**Current living Conditions:**

**Family/ Support Systems:**

Children's names and addresses

**Name of Power of Attorney:** (include Contact Info)

**Future Plans:**

How would the individual want to live if\_\_\_\_\_. Try to include any possibilities living alone, with minimal support, nursing home.

**Resources that would support the future needs:**

Local in home care services for both house keeping and nursing.

**Insurance Information:**

**Medicare/ Medicaid Information:**

**Long Term Care Insurance Information:**