

# Caregiver Health Care Guide

The purpose of the Chippewa Valley Family Caregiving Alliance is to support and strengthen family caregivers of older adults through advocacy, education and community resources.

[www.chippewavalleycaregiving.org](http://www.chippewavalleycaregiving.org)

Brought to you by:

Chippewa Valley Family  
Caregiving Alliance



## *Information of Person Receiving Care*

Name:

Address:

City:

State:

Zip:

Phone:

Date of Birth:

Male  Female

Blood Type:

Race:

Identifying Features:

Allergies/Sensitivities:

## *Emergency Contact*

Primary Contact:

Phone:

Secondary Contact:

Phone:

Have you completed the following Advanced Directives?

- Living Will
- Declarations to Physicians
- Durable Power of Attorney for Health Care
- Power of Attorney is activated by two Doctors or one Doctor and one Psychologist

Documents can be located at:

## *Healthcare Providers*

Name:

Specialty:

Location/Address:

Phone:

Name:

Specialty:

Location/Address:

Phone:

Name:

Specialty:

Location/Address:

Phone:

## *Insurance Information*

Health Insurance Name:

- Medicare
- Medicare Replacement
- Medicare Supplemental
- Other Health Insurance

Prescription Drug Card:       Yes       No

Other Information:

*Family History*

- Diabetes
- Asthma/COPD
- Stroke
- High Blood Pressure
- Heart Disease before 60
- Cancer
- Depression
- Alcohol Abuse
- Dementia
- Other

*Personal Health History*

- Diabetes
- Asthma/COPD
- Stroke
- High Blood Pressure
- Urinary Incontinence
- Cancer
- Depression
- Alcohol Abuse
- Dementia
- Other

*History of Procedures and Surgeries*

Date:

Procedure/Surgery:

Date:

Procedure/Surgery:

Date:

Procedure/Surgery:

Date:

Procedure/Surgery:

Date:

Procedure/Surgery:

## *Medical Visit Tracker*

Appointment:

Appointment:

Appointment:

Appointment:

Appointment:

Appointment:

Appointment:

Appointment:

Appointment:

Appointment:

Appointment:

## *Medication Questions to Ask Your Doctor*

### Questions to ask:

1. What is the name and spelling of the medication?
2. Why is it being taken?
3. Is there a generic available?
4. How and when should it be taken?
5. Should it be taken with food, drink etc...?
6. What foods, drinks, other medicines, dietary supplements, or activities should be avoided while taking the medication?
7. When should I begin to see the medicine take effect?
8. How will I know the medication is working?
9. Are there side effects?
10. If there are side effects what are they and which should I be most concerned with?
11. Can I get a refill? When?
12. How should I store my medicine?

### *Current Medication Information*

Pharmacy:

Location/Address:

Phone:

Drug Allergies:

Medication:

Dose:

How often taken:

Purpose:

Prescribed by:

Date first prescribed:

Medication:

Dose:

How often taken:

Purpose:

Prescribed by:

Date first prescribed:

## *Current Medication Continued*

Medication:  
Dose:  
How often taken:  
Purpose:  
Prescribed by:  
Date first prescribed:

Medication:  
Dose:  
How often taken:  
Purpose:  
Prescribed by:  
Date first prescribed:

Medication:  
Dose:  
How often taken:  
Purpose:  
Prescribed by:  
Date first prescribed:

Medication:  
Dose:  
How often taken:  
Purpose:  
Prescribed by:  
Date first prescribed:

Medication:  
Dose:  
How often taken:  
Purpose:  
Prescribed by:  
Date first prescribed:

Medication:  
Dose:  
How often taken:  
Purpose:  
Prescribed by:  
Date first prescribed:

Medication:  
Dose:  
How often taken:  
Purpose:  
Prescribed by:  
Date first prescribed:

Medication:  
Dose:  
How often taken:  
Purpose:  
Prescribed by:  
Date first prescribed:

## *Current Medication Continued*

Medication:  
Dose:  
How often taken:  
Purpose:  
Prescribed by:  
Date first prescribed:

Medication:  
Dose:  
How often taken:  
Purpose:  
Prescribed by:  
Date first prescribed:

Medication:  
Dose:  
How often taken:  
Purpose:  
Prescribed by:  
Date first prescribed:

Medication:  
Dose:  
How often taken:  
Purpose:  
Prescribed by:  
Date first prescribed:

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Dose:  
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Purpose:  
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Purpose:  
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