



Caregiver's Worksheet Kit

22 printable fill-in sheets

Type and save on your computer, or print and write.

For family and friends helping an older loved one.



Start with one sheet.

“Your parent” means the older person you help. Fill these in with them when you can. You do not need every sheet.

Download first. Type in the fields, then save a new copy. Close it and reopen it to check your words are still there.

Or print on letter-size paper and write. Keep a blank copy. Keep filled files and paper copies safe. Use extra copies for long notes.

Names, phone numbers, and care needs

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A little help, with clear limits

These sheets help you keep notes. They are not medical, legal, or financial advice, or legal forms. Tiina does not check what you write. Follow your care team’s plan. Call 911 for an emergency. Keep filled sheets private.

Sources: NIA · FDA · CDC · Ready.gov

Emergency numbers for the fridge

Fill in the local numbers. Put this page where a helper can see it. These emergency numbers are for the U.S.

Name

Date checked

Home address, with unit number, city, and ZIP code

Emergency: call 911
Police, fire, or medical help

Poison Control / Poison Help
1-800-222-1222

Who to call	Name / place	Phone
Doctor / clinic		
Pharmacy		
Neighbor		
Loved one		
Backup loved one		
Police: other calls		
Fire: other calls		

For an emergency, call 911. The local police and fire numbers listed here are for other calls. Keep health and insurance details in your private folder.

Private health and insurance details

Keep this page private. Add Medicare, Medicaid, a supplemental (extra) plan, or other health plans. Copy the card details. Use one box for each plan.

Parent's name		Date checked
Date of birth	Main doctor / phone	
Health problems to tell a doctor		
Allergies / what happens (or none known / not sure)		

Plan 1	
Plan name / type	Plan phone
Member / Medicare number	Group number (if shown)

Plan 2	
Plan name / type	Plan phone
Member / Medicare number	Group number (if shown)

Keep this page and copies of both sides of the cards in a safe folder. Keep original cards safe. Use another copy for more plans. Bring the current medicine list too.

What helps my parent

Ask what works for your parent. Note the help they want and the choices they want to keep.

Parent's name

Date checked

Things they want to do on their own

Help they want from us

Ways to make talking and listening easier

A usual day: meals, rest, people, and things they enjoy

What helps when they feel upset or rushed

Use your parent's own words when you can. Keep their choices at the center of the plan.

Where the papers are

Find papers with your parent. Keep copies in a safe folder. Write where the originals are and who may get them. Skip rows you do not need.

Parent’s name

Date checked

Paper	Signed original / current copy: where it is / who can get it
Health plan cards	
Current care plan	
Will	
Money power of attorney	
Health care power of attorney	
Living will / care wishes	
Signed medical orders (DNR / POLST, if used)	

Lawyer or clinic to ask

Phone

Keep original signed papers safe. These notes do not replace signed forms or medical orders. Ask the clinic or a lawyer if unsure. Do not add passwords or entry codes.

Current medicine list

List all medicines, even ones used now and then. Add vitamins, herbs, and store-bought drugs. Copy the current written directions.

Parent's name: _____ Updated _____

Allergies / reaction (or not sure): _____

Pharmacy / phone: _____ Page _____ of _____

1 Medicine name	Strength on the label
_____	_____
Amount each time	When / how to take it
_____	_____

Why it is taken	Who ordered it	Phone
_____	_____	_____

2 Medicine name	Strength on the label
_____	_____
Amount each time	When / how to take it
_____	_____

Why it is taken	Who ordered it	Phone
_____	_____	_____

If the label and care plan do not match, ask the pharmacist. Do not change a dose from this sheet. Mark old copies OLD. Keep all current pages together.

Which medicines were taken

Use one sheet for one medicine when you help with doses. Write what happened, not what was planned. If your parent tells you, write “Parent says taken.”

Parent’s name

Sheet no.

Medicine name and strength

Record starts on

Label / care plan: amount, timing, and any “as needed” limits

Actual date / time	Taken, not taken, or not sure	Amount taken	Your name / reason or notes

A blank does not mean a dose is due. Never give extra medicine to fill a blank. Ask the pharmacist about missed or unclear doses. If too much may have been taken, call Poison Help now: 800-222-1222. Cannot wake or trouble breathing? Call 911.

Refills to arrange

Check the supply and ask the pharmacy when to order. Plan who will pick it up or take the delivery. Add the date when it arrives.

Parent’s name

Date checked

Pharmacy

Phone

Medicine / strength	Order by	Ready date	Picked up / delivered: date / name

A refill problem / who I will call / when

If medicine may run out, call the pharmacy or clinic now. Ask what to do. Do not stretch doses.

Doctor visit notes

Use one copy for each visit. Ask your parent what matters most. Write the answers and next steps during the visit.

Parent’s name

Written on

Doctor or clinic / phone

Visit date / time

The main thing my parent wants to ask

Other questions or changes to share

What the doctor or nurse said / steps to take at home

Next step	Who will do it / by when

Test results: due date / who to call / phone / next visit

Bring the medicine list and health insurance card. Ask for written steps. Read back any unclear part.

Health changes to tell the doctor

Call the clinic about a new health change. Write what changed and the advice you get. Ask when to call again. Do not put off the call to fill in this page.

Parent's name

Date

What changed? What is usual for my parent?

When it started

What my parent says

What makes it better or worse / what we tried

Who I called

Date / time

What they told us to do

When to call again / when to get urgent help

What we did next / when

For an emergency, call 911. Get help first; fill in this page later. Give facts, not a guess at the cause.

This week’s help

Agree on jobs with each helper. Write names only after they say yes. Keep this plan up to date.

Parent’s name

Week of

Day	Help needed / time	Agreed helper / backup
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Still needs a helper / who I will ask

Example: Tuesday, 10 a.m., clinic ride — Ana said yes; Ben is the backup. Use another copy if a day needs more room.

Notes for when I am away

Use after a trusted helper agrees to stay. Walk through the plan together before you leave.

Parent’s name

Date

I will be away from / until

Helper’s name / phone

How to reach me

Backup person / phone

Time	What needs doing / where to find it

Care papers, supplies, and medicine list are kept here

Warning signs from the doctor or nurse / number to call

Use only care steps the helper can do safely. If they help with medicine, check the directions and notes on what was taken. A blank is not proof of a missed dose. For an emergency, call 911.

A break for me

Care takes time and energy. Pick a real time for rest, your own health visit, or something you enjoy. Ask for the help you need.

Parent's name

Planned on

What I need time for

Day and time

How long I need

Help my parent will need while I am out

Who I will ask

When I will ask

Who agreed to help

Phone

Backup plan if they cannot come

One thing I will do to make this break happen

If no one is free, ask your local office for older adults about help. Call the Eldercare Locator at 800-677-1116.

Meals and groceries

Choose simple meals your parent likes. Follow any food or drink rules from the doctor or nurse. Plan only the days that need help.

Parent’s name

Week of

Food allergies / food or drink rules from the doctor or nurse

Day / meal	Food planned	Who will help / when

Groceries or supplies to get

Who will shop / when

Who will put food away

Ask the doctor or nurse about trouble chewing or swallowing. Do not set food or drink limits here.

A ride there and home

Use one copy for one trip. Confirm both parts of the ride, then check what help is included.

Parent's name

Confirmed on

Trip date / visit time

Place / phone

Full address / entrance to use

Ride there: person or service

Phone

Pickup time / place

Arrival time needed

Ride home: person or service

Phone

Ride home: pickup time / place

Fare / payment plan

Help needed at the door, in the car, or with a walker / chair

Backup if the ride falls through

Ask what help comes with the ride. Your parent may need help at the door or in the car.

This month’s care budget

Work with your parent or the person allowed to handle their money. Use bills and written prices. Mark guesses. Count each amount once.

Parent’s name	Month / year

Money set aside for care

Parent’s money left after usual bills	\$
Help others agreed to pay	\$
Help with costs approved, not counted above	\$
A. Total money for care	\$

Care costs for this month

Paid help	\$
Medicines and care supplies	\$
Rides, extra meals, and other care costs	\$
B. Total care costs	\$
B minus A = money still needed	\$

If money is short: who I will call / next step

If the last line is \$0 or less, the money listed covers the costs listed. If money is short, call 800-677-1116 for your local office for older adults.

Care costs and receipts

Use for costs you pay or track. Keep the receipt with the sheet. A record does not mean a cost will be paid back.

Parent’s name

Month / year

Date	What it was for / receipt kept where	Amount	Who paid / paid back?

Total of the amounts above

Do not write bank or card numbers here. Agree on any payback plan before spending for someone else.

Important call notes

Use one copy for a call about care services, a bill, or help with costs. Keep the answer and the next step together.

Parent’s name

Call date / time

Service or office

Phone

Person I spoke with

Number they give for this call or case

What I asked them to help with

What they said / what is covered / what it may cost

Next step / paper needed	Who will do it / due date

When I will call back if I hear nothing

Ask for costs and rules in writing. Do not put passwords or full account numbers on this sheet.

Bills to check and pay

Use if your parent wants help or you have the legal right to help. Check each bill first.

Parent’s name

Month / year

Bill / company	Due date	Amount due	Paid date / by whom

Bill to question / who to call / when

Keep the bills and receipts. Write “auto-pay” when a bill is paid that way, then check it was paid.
Do not add account numbers here.

Home from the hospital

Plan with your parent and the nurse before going home. Say what help you can and cannot give. Keep the written care plan.

Parent's name

Going home on

Hospital contact

Phone / after-hours phone

- ☐ We checked which medicines start, stop, or change.
- ☐ We know the first doses due at home.
- ☐ Staff showed needed care steps; the helper practiced.
- ☐ Needed help, equipment, supplies, and the ride are set.
- ☐ We know which signs mean call the clinic or 911.

First home visit, if ordered: service / phone

Confirmed date / time

Next clinic visit

Date / time

What is still needed / who will arrange it / by when

Test results still due / who will share them / when

Mark a box only when it is clear. Write “not needed” for a step that does not apply. Ask staff about gaps before you leave. At home, call the hospital contact if needed help falls through.

One home fix at a time

Check the places your parent uses. Ask before moving things. Pick the most useful fixes.

Parent’s name

Date

Place / problem	Fix to arrange	Who / by when / done date

First fix to do / help or cost to check

Example: Dark hall — ask Sam to add a light by Friday. Do not ask your parent to try a risky route. Use trained help for grab bars, rails, or wiring.

If my parent does not answer

Agree on a check-in plan with your parent and nearby helpers. Use times that fit their needs. Do not wait if you think there is danger now.

Parent's name

Agreed on

Parent's full home address, with unit

Usual check-in time

When I will try again

Nearby person who agreed to check

Phone

When I will call that person

Backup person / phone

How a trusted helper can get in (do not list codes)

If I am far away: local 10-digit emergency number

Other agreed steps / when to use them

No nearby helper? Plan ahead with the local office for older adults: 800-677-1116. Ask the local police office for the emergency number near your parent. Use its business number to ask. In danger now? Call for emergency help and give the full address.

Storm or power-loss plan

Plan before bad weather. Does any medicine need to stay cold? Does any equipment need power? Ask the doctor or nurse what to do in a power cut.

Parent's name

Checked on

A safe place we could go

Phone

Who will take us

Phone / backup ride

Nearby helper

Phone

Medicines, equipment, and supplies we must take

Doctor's or nurse's plan for power or keeping medicine cold

Equipment or supply company

Phone

Where our packed bag, care papers, and spare keys are

Follow local alerts. Never use a grill or generator in the home or garage. Get help early if a power cut could put your parent at risk.