

Record Keeper and Caregiver's Journal

“Helping you to help others”

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Introduction

The Record Keeper and Caregiver's Journal is designed to help you maintain an effective course to successfully manage the scope and responsibility of informal caregiving.

Whether you are new to caregiving or seasoned in weathering the storms, you will benefit from keeping a record of your family member's medical history, doctor appointments and resource information to guide you along the way.

Of equal importance, caregiving is an emotional journey. It is very helpful to record your feelings, hopes, dreams and disappointments as a way to reduce stress and nourish your emotional strength and fortitude. You can also gain greater insight for the strengthening of your spiritual life in caregiving.

Essentially, this is a place of healing and an opportunity to through unresolved issues. Sometimes it is the simple practice of letting go which opens up your mind, body and spirit.

Family Caregiver Affirmations

1. I did what seemed best at the time.
2. My choices may be limited and beyond my control.
3. There are no perfect elder care solutions and no perfect families.
4. If I had selected another course of action, I might now be having doubts about that as well.
5. Things probably would have been worse if I had done nothing.
6. Many others in similar situations have come to similar conclusions.
7. New problems are not necessarily related to what I did or didn't do.
8. I know it's easy to second guess or criticize from a distance.
9. It isn't possible to compare how one person handles things to how another relative would handle it, if their positions were reversed. Choices, options and lives are different from what they were 30 years ago.
10. I can only do my best and be dependable. I can't do it all.
11. I must consider "good-enough-for-now" solutions.
12. Family members have competing needs and loyalties.
13. Compromise is necessary for each to get some of what they need and want.
14. My elder is not unhappy or upset because of what I have done. She/he is living with unwanted dependency, loss and/or pain. She/he still needs to feel useful, dignified and loved.
15. We must continue to celebrate good times as a family and feel good about what we have been able to do for and with each other.

The above information is courtesy of the Duke Family Support Program.

Important Personal and Medical Information

Date Completed or Revised: _____

It's important to organize your loved ones personal and medical information. Take the time to compile all of the data so that you are prepared when filling out medical forms or applications for financial assistance.

Patient's General Information	
Legal Full Name	
Home Address	
Business Phone	
Cell Phone	
Blood Type	
Allergies	
Illnesses	
Operations/ Medical Conditions	

Social Security #	
Medicare #	
Medicaid #	
Pharmacy Name and phone	
Dentist Name and phone	
Emergency Contacts	
Name	
Phone #	
Name	
Phone #	
Name	
Phone #	
Medical Insurance Carrier	
1- Medical Insurance	
Policy #	
2- Medical Insurance	
Policy #	
3- Medical Insurance	
Policy #	
4- Medical Insurance	
Policy #	

Physicians	
1- Physician Name	
Phone #	
Specialty	
Hospital Affiliation	
Medications: including prescription, over the counter & herbal remedies (name & dosage)	1. 2. 3. 4. 5. 6.
2- Physician Name	
Phone #	
Specialty	
Hospital Affiliation	
Medications: including prescription, over the counter & herbal remedies (name & dosage)	1. 2. 3. 4. 5. 6.

Physicians	
3- Physician Name	
Phone #	
Specialty	
Hospital Affiliation	
Medications: including prescription, over the counter & herbal remedies (name & dosage)	1. 2. 3. 4. 5. 6.
4- Physician Name	
Phone #	
Specialty	
Hospital Affiliation	
Medications: including prescription, over the counter & herbal remedies (name & dosage)	1. 2. 3. 4. 5. 6.

Physicians	
6- Physician Name	
Phone #	
Specialty	
Hospital Affiliation	
Medications: including prescription, over the counter & herbal remedies (name & dosage)	1. 2. 3. 4. 5. 6.
6- Physician Name	
Phone #	
Specialty	
Hospital Affiliation	
Mediations: including prescription, over the counter & herbal remedies (name & dosage)	1. 2. 3. 4. 5. 6.

Date Completed or Revised: _____

Medication Chart for Seniors

It's important to organize your loved ones personal and medical information. Take the time to compile all of the data so that you are prepared when filling out medical forms or applications for financial assistance.

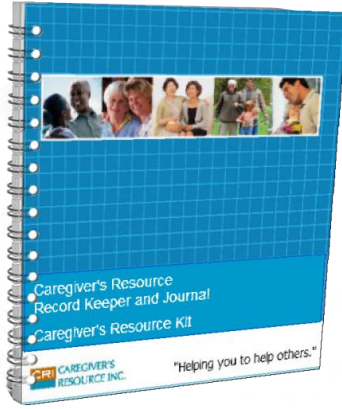
Here are tips for helping your medicines work as safely and effectively as possible.

General Advice

- Keep a record of all your current medicines, including their names and regimens (dose, time, and other instructions for taking). Write down any problems you have with the medicine so you can discuss them with your doctor or pharmacist.
- Using adequate light, read labels carefully before taking doses.
- Ask the doctor's or pharmacist's advice before crushing or splitting tablets; some should only be swallowed whole.
- Contact the doctor or pharmacist if new or unexpected symptoms or other problems appear.
- Never stop taking medicine the doctor has told you to finish just because symptoms disappear.
- Ask the doctor periodically to reevaluate long-term treatments.

- If you have questions, talk to your pharmacist or doctor before using an OTC medicine the first time, especially if you use other medicine.
- Carefully read OTC medicine labels for ingredients, proper uses, directions, warnings, precautions, and expiration dates. Many medicines contain the same ingredients. Be sure you're not taking the same drug in more than one form.
- Discard outdated medicine.
- Store medicine in the original container, where the label identifies it and gives directions.
- Never store medicine in the bathroom. Unless instructed otherwise, keep it away from heat, light and moisture.
- Never store medicine near a dangerous substance, which could be taken by mistake.
- Never take someone else's medicine.
- Tell your health professional if you:
 - are allergic to drugs or foods
 - have diabetes or kidney or liver disease
 - take other prescription or OTC medicines regularly
 - follow a special diet or take dietary supplements
 - use alcohol or tobacco.

Medications	
1 - Name of Medication	
Medication Shape/Color	
Dosage	
Purpose of Medication	
Prescribing Doctor	
Special Instructions	
Pharmacy, phone & prescription #	
2 - Name of Medication	
Medication Shape/Color	
Dosage	
Purpose of Medication	
Prescribing Doctor	
Special Instructions	
Pharmacy, phone & prescription #	



www.caregiversresource.com

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