



The Caregiver Guide

A Practical Companion for
Caring for Aging Parents

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Created by Royal Essence

WELCOME

Caring for an aging parent is one of the most meaningful things you may ever do — and one of the most overwhelming.

You became a caregiver, not because you were trained for it, but because someone you love needs you.

Suddenly, you may find yourself keeping track of medications, doctor appointments, symptoms, insurance information, important documents, phone calls, questions, schedules, and decisions — all while trying to manage your own life.

This guide was created to help.

These pages give you one place to organize important information, prepare for appointments, document changes, and keep track of the many details that come with caregiving.

A gentle place to begin

You do not have to hold everything in your head.

Let these pages hold it for you.

HOW TO USE THIS GUIDE

There is no “perfect” way to be a caregiver.

Use the pages that help you and skip the ones that don't. Print additional copies of trackers whenever you need them.

Keep this guide somewhere accessible so you can update information as things change.

Consider bringing it with you to medical appointments or keeping a digital copy available on your phone or tablet.

Most importantly, remember:

Organization isn't about doing everything perfectly. It's about making an overwhelming responsibility a little easier to carry.

AT A GLANCE

Organize	Prepare
Care recipient information, emergency contacts, medical history, medications, insurance, and important documents.	Appointments, doctor visits, symptom changes, questions, and follow-up notes.
Coordinate	Care for yourself
Provider directory, care team communication, weekly care plans, and repeatable worksheets.	Caregiver notes, monthly check-ins, gentle reminders, and space to ask for help.

PART 1 — CARE RECIPIENT INFORMATION

Important Information at a Glance

Full Name: _____

Preferred Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Primary Care Physician: _____

Primary Pharmacy: _____

Preferred Hospital: _____

Primary Insurance: _____

Secondary Insurance: _____

Emergency Contact: _____

Relationship: _____

Phone: _____

Important Health Information

Known Medical Conditions:

Known Allergies:

Mobility Needs:

Communication Needs:

Other Important Information:

PART 2 — EMERGENCY INFORMATION

In an emergency, having important information in one place can save valuable time.

Emergency Contact Sheet

Primary Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Alternate Phone: _____

Secondary Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Alternate Phone: _____

Medical Contacts

Primary Doctor: _____

Phone: _____

Specialist: _____

Phone: _____

Preferred Hospital: _____

Pharmacy: _____

Phone: _____

Important Emergency Information

Blood Type, if known: _____

Allergies: _____

Major Medical Conditions: _____

Medical Devices/Implants: _____

Current Blood Thinners or Other Critical Medications:

PART 3 — MEDICAL HISTORY

Keeping an accurate medical history can make conversations with healthcare providers much easier.

Medical Conditions

Condition	Date Diagnosed	Treating Doctor	Notes

Surgery & Procedure History

Surgery/Procedure	Date	Hospital/Facility	Notes

Allergies

Allergy	Reaction	Severity	Notes

PART 4 — MEDICATION TRACKER

Keeping track of medications is one of the most important — and sometimes most stressful — parts of caregiving.

This tracker helps you maintain a clear, updated record so important details don't fall through the cracks.

Medication Information

For each medication, record:

- **Medication name**
- **Dosage**
- Form — pill, liquid, injection, patch, etc.
- Frequency
- Time of day
- Prescribing doctor
- Reason for taking it
- Date started
- Pharmacy
- Refill information
- Side effects to watch for
- Special instructions

Master Medication List

Medication	Dose	Frequency	Time	Purpose	Prescriber

Master Medication List — Additional Copy

Medication	Dose	Frequency	Time	Purpose	Prescriber

Daily Medication Log

Date: _____

Time	Medication	Dose	Taken?	Notes
Morning			☐	
Midday			☐	
Evening			☐	
Bedtime			☐	

Medication Tips

- Review the full medication list periodically with a doctor or pharmacist.
- Ask about possible interactions whenever a new medication, supplement, or over-the-counter product is added.
- Keep an updated medication list available for emergencies.
- Report concerning side effects or unexpected changes to the appropriate healthcare professional.
- Never start, stop, or change a prescribed medication without guidance from the prescribing healthcare professional unless emergency medical personnel instruct otherwise.

Daily Medication Log – Additional Copy

Date: _____

Time	Medication	Dose	Taken?	Notes
Morning			☐	
Midday			☐	
Evening			☐	
Bedtime			☐	

PART 5 — APPOINTMENT TRACKER

When several doctors and specialists are involved, appointments can quickly become difficult to manage.

Use this section to keep upcoming visits and important follow-up information together.

Appointment Log

Date	Time	Doctor/Specialist	Reason	Location	Follow-Up
					☐
					☐
					☐
					☐

Appointment Reminders

Whenever possible, schedule the next appointment before leaving the current one.

Add appointments to your personal calendar as well as this tracker.

Allow extra time for transportation, parking, check-in, and unexpected delays.

Keep a running list of questions between appointments.

Appointment Log – Additional Copy

Date	Time	Doctor/Specialist	Reason	Location	Follow-Up
					☐
					☐
					☐
					☐

PART 6 — DOCTOR VISIT PREPARATION

Doctor visits can go quickly. Arriving prepared helps you make the most of the time available.

Before the Visit

Bring or have access to:

- ☐ Current medication list
- ☐ Insurance information
- ☐ Recent test results or medical records, when appropriate
- ☐ Notes about new symptoms or changes
- ☐ List of questions
- ☐ Relevant blood pressure, glucose, weight, pain, or symptom logs

Changes Since the Last Visit

Have there been changes in:

- ☐ Pain
- ☐ Memory
- ☐ Mood
- ☐ Appetite
- ☐ Sleep
- ☐ Mobility
- ☐ Balance
- ☐ Bathroom habits
- ☐ Energy
- ☐ Medication side effects
- ☐ Falls or injuries

My Top Three Concerns

1. _____

2. _____

3. _____

Questions for the Healthcare Provider

What could be causing this symptom or change?

Could a medication be contributing?

Are additional tests or screenings needed?

What should we monitor at home?

What symptoms would require an urgent call or emergency care?

Are there lifestyle changes that could help?

What are the benefits and risks of the recommended treatment?

Are there alternatives?

How will we know whether the treatment is working?

What is the follow-up plan?

PART 7 — DOCTOR VISIT NOTES

Date: _____

Doctor/Specialist: _____

Reason for Visit: _____

What We Discussed

Diagnosis or Findings

Medication Changes

Tests Ordered

Next Steps

Follow-Up Appointment

Date: _____ Time: _____

Questions I Still Have

DOCTOR VISIT NOTES — ADDITIONAL COPY

Date: _____

Doctor/Specialist: _____

Reason for Visit: _____

What We Discussed

Diagnosis or Findings

Medication Changes

Tests Ordered

Next Steps

Follow-Up Appointment

Date: _____ Time: _____

Questions I Still Have

PART 8 — SYMPTOM & HEALTH CHANGES TRACKER

Small changes can be easy to forget, especially when you're caring for someone every day.

Use this tracker to document changes that may be helpful to discuss with a healthcare professional.

Date	Symptom/ Change	Severity 1- 10	Duration	What Helped?	Notes

SYMPTOM & HEALTH CHANGES TRACKER – ADDITIONAL COPY

Date	Symptom/ Change	Severity 1- 10	Duration	What Helped?	Notes

Changes I've Noticed

- ☐ Memory/confusion
- ☐ Mood/personality
- ☐ Appetite
- ☐ Weight
- ☐ Sleep
- ☐ Balance
- ☐ Walking/mobility
- ☐ Pain
- ☐ Vision
- ☐ Hearing
- ☐ Bathroom habits
- ☐ Energy
- ☐ Social withdrawal
- ☐ Other: _____

PART 9 – DOCTOR & PROVIDER DIRECTORY

Provider	Specialty	Phone	Address/Porta l	Notes

DOCTOR & PROVIDER DIRECTORY – ADDITIONAL COPY

Provider	Specialty	Phone	Address/Porta l	Notes

PART 10 — INSURANCE & PHARMACY INFORMATION

Insurance

Primary Insurance: _____

Member ID: _____

Group Number: _____

Customer Service: _____

Secondary Insurance: _____

Member ID: _____

Group Number: _____

Customer Service: _____

Pharmacy

Pharmacy Name: _____

Address: _____

Phone: _____

Hours: _____

Preferred Pharmacy for Specialty Medications:

PART 11 — IMPORTANT DOCUMENTS CHECKLIST

You don't necessarily need to keep original documents inside this guide. Instead, record where they can be found.

- ☐ Insurance cards
- ☐ Photo identification
- ☐ Medication list
- ☐ Medical history
- ☐ Advance healthcare directive
- ☐ Power of attorney documents
- ☐ Living will, if applicable
- ☐ POLST or similar medical orders, if applicable
- ☐ Will or estate documents
- ☐ Long-term care insurance information
- ☐ Veterans benefit information, if applicable
- ☐ Social Security information
- ☐ Medicare/Medicaid information, if applicable
- ☐ Funeral or final-arrangement information, if applicable

Where Important Documents Are Stored

Security reminder: Avoid writing passwords, PINs, full Social Security numbers, or other highly sensitive financial information in a planner that could be lost or viewed by others.

PART 12 — CARE TEAM & FAMILY COMMUNICATION

Caregiving is easier when everyone understands who is responsible for what.

Person	Relationship/Role	Phone	Responsibility

Who Can Help With...

Transportation: _____

Appointments: _____

Medication Pickups: _____

Groceries: _____

Meals: _____

Household Tasks: _____

Financial/Administrative Tasks: _____

Emergency Backup: _____

PART 13 — WEEKLY CARE PLAN

Week of: _____

This Week's Priorities

1. _____

2. _____

3. _____

Appointments

Medications/Refills Needed

Calls I Need to Make

Tasks

☐ _____

☐ _____

☐ _____

☐ _____

Notes

WEEKLY CARE PLAN – ADDITIONAL COPY

Week of: _____

This Week's Priorities

1. _____

2. _____

3. _____

Appointments

Medications/Refills Needed

Calls I Need to Make

Tasks

☐ _____

☐ _____

☐ _____

☐ _____

Notes

PART 14 — CAREGIVER NOTES

Sometimes you simply need a place to write things down.

Date: _____

CAREGIVER NOTES — ADDITIONAL COPY

Sometimes you simply need a place to write things down.

Date: _____

PART 15 — CARE FOR THE CAREGIVER

When you're focused on someone else's needs, your own needs can easily move to the bottom of the list.

But caregiving is demanding.

Taking care of yourself doesn't mean you care less about your loved one. Rest, support, boundaries, and time away can help you continue providing care without carrying everything alone.

My Check-In

Today I feel:

What has been hardest lately?

What do I need help with?

Who can I ask for help?

One thing I can do for myself this week:

A Gentle Reminder

You are allowed to:

Ask for help.

Rest.

Say no sometimes.

Have emotions about caregiving.

Take time for yourself.

Not have every answer.

You can love someone deeply and still admit that caregiving is hard.

Both things can be true.

CAREGIVER MONTHLY CHECK-IN

Month: _____

What went well this month?

What became more difficult?

Have I noticed changes in my loved one's health?

Are medications still organized and current?

- ☐ Yes
- ☐ Needs Review

Are upcoming appointments scheduled?

- ☐ Yes
- ☐ Needs Review

Do I need additional help?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

If yes, what would help?

Something I'm proud of myself for:

CAREGIVER MONTHLY CHECK-IN — ADDITIONAL COPY

Month: _____

What went well this month?

What became more difficult?

Have I noticed changes in my loved one's health?

Are medications still organized and current?

- ☐ Yes
- ☐ Needs Review

Are upcoming appointments scheduled?

- ☐ Yes
- ☐ Needs Review

Do I need additional help?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

If yes, what would help?

Something I'm proud of myself for:

IMPORTANT QUESTIONS FOR THE FUTURE

Some conversations are difficult, but having them before a crisis can make future decisions easier.

When appropriate, consider discussing:

- ☐ Healthcare wishes
- ☐ Who should make medical decisions if your loved one cannot
- ☐ Preferred hospital or healthcare system
- ☐ Living arrangements if additional care becomes necessary
- ☐ In-home assistance
- ☐ Transportation needs
- ☐ Financial responsibilities
- ☐ Long-term care preferences
- ☐ End-of-life wishes
- ☐ Religious, spiritual, or cultural preferences
- ☐ Funeral or memorial preferences

These conversations do not have to happen all at once.

Sometimes the most important first step is simply starting the conversation.

IMPORTANT QUESTIONS FOR THE FUTURE – NOTES

Some conversations are difficult, but having them before a crisis can make future decisions easier.

Notes, questions, or next steps:

A FINAL NOTE TO THE CAREGIVER

Caregiving asks a lot of you.

There may be days when you feel organized and confident — and others when you wonder whether you're doing enough.

You are not required to do this perfectly.

The appointments you schedule, the medications you organize, the questions you ask, the meals you prepare, the phone calls you make, the rides you give, and the moments when you simply sit beside someone you love all matter.

Use this guide as a tool, not another obligation.

Write in it.

Make copies.

Cross things out.

Change what doesn't work.

Ask for help.

And remember why you're doing all of this.

You do not have to hold everything in your head.

Let these pages hold some of it for you.

DISCLAIMER

This guide is intended for general organizational and educational purposes only. It does not provide medical, legal, financial, or professional healthcare advice and should not replace guidance from qualified professionals.

Always consult the appropriate healthcare professional regarding medications, symptoms, diagnoses, treatments, or changes in health. Seek emergency medical assistance when appropriate.

DAILY CARE LOG

[illegible]

DAILY CARE LOG – ADDITIONAL COPY

[illegible]

VITALS & HEALTH MEASUREMENTS TRACKER

[illegible]

VITALS & HEALTH MEASUREMENTS TRACKER — ADDITIONAL COPY

[illegible]

SLEEP TRACKER

[illegible]

SLEEP TRACKER — ADDITIONAL COPY

[illegible]

TRANSPORTATION & ERRANDS LOG

[illegible]

TRANSPORTATION & ERRANDS LOG – ADDITIONAL COPY

[illegible]