

EMERGENCY PHONE NUMBERS

I have this list of emergency phone numbers typed and periodically updated, then printed in large, readable font. This information is put in a plastic sleeve. A copy is put on the refrigerator to be easily taken down and brought along if a client should need to go into an ambulance or to the hospital. Another copy, also in a plastic sleeve, is placed near every phone.

At the top, I always include the client's full name, complete address, and phone number. This basic information is first because if the client is calling 911 or another service, the client may not remember his own address or phone number.

The emergency phone number list contains the numbers of all contact persons. With the assistance of each family, I design and print the list in priority of the following emergency numbers:

911

Primary doctor (s)

Ambulance to hospital of choice

Primary involved family member

Geriatric Care Manager

Aide and/or care agency if an agency is involved

Local senior center

Food service delivery company

Transportation company

DAILY VISIT FORM

Client: _____ Page: _____ of: _____

Location:

H=Home Hp=Hospital O=Office DO=Doctor's office OTH=Other

Contact:

I=In person P=Phone L=Letter F=Fax C=Card EM=E-Mail

General Health:

E=Excellent G=Good P=Poor FR=Frail

Ambulation:

Independent Cane Walker Wheelchair Bedridden

Appetite:

Excellent Good Poor Eats independently Must be fed

Bowel and bladder:

Continent Incontinent of bowel bladder both (B and B)

Cognitive ability:

Communication ability:

Eyes: Glasses needed (reading/distance/TV) Not needed

Hearing: Hearing aid (right ear/left ear/both) Not needed

Skin: Excellent Breakdown Location _____

Sleep: Full night Wakes occasionally Wakes often Naps Hardly sleeps
 Wanders

Teeth and gums: Own teeth Partial dentures Full dentures Gums

Problems/concerns:

New medications: (date / /) for _____

Delete medications: (date / /) for _____

Next medical appointment: (date / /) or procedure with: _____

Location _____ Phone _____ Fax _____

Time/date/place	Agenda/Activity	Disbursements/ Expense/Needs

see over →

SHOPPING LIST

Following is an example of a client shopping list. Note that refrigerated and frozen items are the last to be picked up. (**These are simply random grocery items taken from a real client's shopping list. I have no loyalty to any particular brand or product).

Client: _____ Updated ____/____/____

ENSURE – VANILLA

FRUIT

bananas

grapes

apples

VEGETABLES

carrots, peas

broccoli, cauliflower

potatoes, green beans

BREAD

whole wheat bread

English muffins

CANNED FOODS

Del Monte canned peaches

Bumble Bee tuna

peanut butter – cream style NO

NUTS

All Fruit Palmer jelly

PACKAGED FOODS

spaghetti

spaghetti sauce

Success rice

Idaho instant mashed potatoes

Bromley tea bags decaffeinated

decaffeinated coffee

H-O Oatmeal

PAPER PRODUCTS

toilet paper

tissues

paper towels

HOUSEHOLD PRODUCTS

Ivory Snow washing powder

Dove face soap

rubber gloves

Ajax

Brillo

sponges

BEVERAGES

juice apple

juice orange

juice cranberry

SPICES

mayonnaise

mustard

DAIRY

macaroni salad

milk

yogurt

butter

cream cheese

Swiss cheese

DESSERTS

pound cake

ice cream NO NUTS

MEAT/FISH

chicken

turkey

chopped meat

hamburger patties

salmon

frozen medium-size shrimp

