

# FAMILY CAREGIVER COMPANION



Caring for someone  
you love can feel  
overwhelming.

Keep appointments, notes,  
contacts, and care information  
organized in one place.

- ✓ Appointment Tracking
- ✓ Care Team Directory
- ✓ Medication Change Log
- ✓ Hospital Visit Notes
- ✓ Family Communication Log
- ✓ Caregiving Notes



## You Are Not Alone



INSTANT DIGITAL DOWNLOAD

# **Seniorism**

# **FAMILY CAREGIVER COMPANION**

**Caring for someone you love can feel overwhelming.**

Keep appointments, notes, contacts, and care information organized in one place.

## **Includes**

- ✓ Appointment Tracking
- ✓ Care Team Directory
- ✓ Medication Change Log
- ✓ Hospital Visit Notes
- ✓ Family Communication Log
- ✓ Caregiving Notes

**You Are Not Alone**

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## Why This Companion Matters

Caring for a family member often means keeping track of appointments, medications, notes, contacts, and important information.

It can feel overwhelming.

This companion was created to help family caregivers keep information organized in one place.

You do not have to complete everything at once.

Use the sections that are most helpful for your situation.

Small steps matter.

# Care Recipient Profile

Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Medicare Number (Optional): \_\_\_\_\_

Important Medical Conditions:

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# Emergency Contacts

Use this page to record important family and friends contacts.

| Name | Relationship | Phone | Notes |
|------|--------------|-------|-------|
|      |              |       |       |
|      |              |       |       |
|      |              |       |       |
|      |              |       |       |
|      |              |       |       |
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|      |              |       |       |
|      |              |       |       |
|      |              |       |       |
|      |              |       |       |
|      |              |       |       |

## Care Team Directory

| Provider | Specialty | Phone | Notes |
|----------|-----------|-------|-------|
|          |           |       |       |
|          |           |       |       |
|          |           |       |       |
|          |           |       |       |
|          |           |       |       |
|          |           |       |       |
|          |           |       |       |
|          |           |       |       |

Examples: Doctor, home health, therapy, pharmacy, social worker, or other support services.

# Doctor & Specialist Contacts

Primary Care Physician

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Specialists

Specialist 1

**Name:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Specialist 2

**Name:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Specialist 3

**Name:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Specialist 4

**Name:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## Appointment Tracker

| Date | Provider | Reason For Visit | Follow-Up Needed | Outcome / Next Step |
|------|----------|------------------|------------------|---------------------|
|      |          |                  |                  |                     |
|      |          |                  |                  |                     |
|      |          |                  |                  |                     |
|      |          |                  |                  |                     |
|      |          |                  |                  |                     |
|      |          |                  |                  |                     |
|      |          |                  |                  |                     |
|      |          |                  |                  |                     |
|      |          |                  |                  |                     |
|      |          |                  |                  |                     |

# Questions For The Next Appointment

Questions:

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## Visit Notes

Visit 1

**Date:** \_\_\_\_\_

**Provider:** \_\_\_\_\_

Notes:

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Visit 2

**Date:** \_\_\_\_\_

**Provider:** \_\_\_\_\_

Notes:

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Visit 3

**Date:** \_\_\_\_\_

**Provider:** \_\_\_\_\_

Notes:

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## Medication Change Log

| Date | Medication | Change Made | Notes |
|------|------------|-------------|-------|
|      |            |             |       |
|      |            |             |       |
|      |            |             |       |
|      |            |             |       |
|      |            |             |       |
|      |            |             |       |
|      |            |             |       |
|      |            |             |       |
|      |            |             |       |
|      |            |             |       |
|      |            |             |       |
|      |            |             |       |
|      |            |             |       |

## Hospital & Urgent Care Visit Log

| Date | Location | Reason | Follow-Up |
|------|----------|--------|-----------|
|      |          |        |           |
|      |          |        |           |
|      |          |        |           |
|      |          |        |           |
|      |          |        |           |
|      |          |        |           |
|      |          |        |           |
|      |          |        |           |

## Daily Care Notes

**Date:** \_\_\_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Family Communication Log

| Date | Person Contacted | Method | Notes |
|------|------------------|--------|-------|
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |
|      |                  |        |       |

## Tasks & Follow-Up List

- ☐ Schedule Appointment
- ☐ Pick Up Prescription
- ☐ Contact Insurance
- ☐ Request Records
- ☐ Follow Up With Provider

**Due Date:** \_\_\_\_\_

**Completed Date:** \_\_\_\_\_

Additional Tasks:

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## Supplies & Equipment Tracker

| Item | Supplier | Contact | Notes |
|------|----------|---------|-------|
|      |          |         |       |
|      |          |         |       |
|      |          |         |       |
|      |          |         |       |
|      |          |         |       |
|      |          |         |       |
|      |          |         |       |
|      |          |         |       |

Examples: walker, wheelchair, oxygen equipment, hearing aids, or other medical equipment.

## Important Things To Remember

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# Monthly Care Review

Review This Month:

- ☐ Appointments
- ☐ Medications
- ☐ Provider Contacts
- ☐ Care Notes
- ☐ Follow-Up Tasks
- ☐ Emergency Contacts Updated
- ☐ Medication Changes Recorded

**Review Date:** \_\_\_\_\_

**Next Review Date:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_

**Next Review Date:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_

**Next Review Date:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_

**Next Review Date:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_

**Next Review Date:** \_\_\_\_\_

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**Review Date:** \_\_\_\_\_

**Next Review Date:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_

**Next Review Date:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_

**Next Review Date:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_

**Next Review Date:** \_\_\_\_\_

# You Are Not Alone

Caring for someone you love can be challenging.

Staying organized can help reduce stress and make it easier to keep track of important information.

You do not have to do everything today.

Take one step at a time.

Small steps matter.

You Are Not Alone.

This companion is for personal organization and information tracking only. It does not provide medical, legal, financial, or insurance advice.