CAREGIVER'S

GUIDE

A service of the Penn State Gerontology Center Outreach Program

THE MEDICAL AND PERSONAL RECORD

0F

(NAME)

(DATE)



University Park Campus

PERSONAL INFORMATION

MY NAME IS	
I LIKE TO BE CALLED	
I AM YEARS OLD	
I AM MARRIED NOT MA	ARRIED
My spouse's name is	
WE HAVE BEEN MARRIED	YEARS
I HAVE CHILDREN	
1 2	
3 4	
I HAVE GRANDCHILE	DREN
1 2	
3 4	
My children live in	
1 2	
3 4	
MY FAVORITE POSSESSIONS ARE (AFGHAI	N, STUFFED ANIMAL, ETC.)
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HEALTH INFORMATION

DOCTOR # DOCTOR # AMBULANCE # POISON CONTROL # FAMILY MEMBER # Gamma # MINISTER # B. ALLERGIES # C. SPECIAL TREATMENTS (COMPRESSES, ETC.)	A.	TELEPHONE INFORMATION		
AMBULANCE # POISON CONTROL # FAMILY MEMBER # Gamma # NEIGHBOR # MINISTER # B. ALLERGIES # C. SPECIAL TREATMENTS (COMPRESSES, ETC.)		Doctor	#	
POISON CONTROL #		DOCTOR	#	
FAMILY MEMBER #		Ambulance	#	
#		POISON CONTROL	#	
NEIGHBOR # MINISTER # B. ALLERGIES		Family Member	#	
MINISTER# B. ALLERGIES C. SPECIAL TREATMENTS (COMPRESSES, ETC.) D. PHYSICAL AIDS (GLASSES, DENTURES, ETC.)			#	
B. Allergies		Neighbor	#	
C. Special Treatments (compresses, etc.)		Minister	#	
C. Special Treatments (compresses, etc.)				
D. PHYSICAL AIDS (GLASSES, DENTURES, ETC.)	B.	Allergies		
D. PHYSICAL AIDS (GLASSES, DENTURES, ETC.)				
	C.	SPECIAL TREATMENTS (COMPRESSES, ETC.)		
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F. MEDICATIONS

NAME	DOSAGE	<u>When</u>
1		
2		
3		
4		
5		
6		
Po	SSIBLE SIDE EFFECTS	
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ACTIVITIES OF DAILY LIVING (ADL'S)

A.	PERSONAL CARE	
	Toileting	
	GROOMING	
	Bathing	
B.	EATING HABITS	
	Special diet	
	Likes and dislikes	
	CHEWING OR SWALLOWING PROBLEMS	
	USE OF KNIFE, FORK, SPOON, ETC	
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C.	FAVORITE SNACKS
D.	SPECIAL HABITS
E.	PROBLEMS IN AND OUTSIDE THE HOME
	WALKING
	STAIRS
	BARRIERS
	WHEELCHAIR, WALKER, CANE
	Additional:

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MY GENERAL DAILY ROUTINE

BREAKFAST		_
NAP		
DININED (OD LUNCH)		
DINNER (OR LUNCH)		
NAP		
SUPPER		_
Bedtime		_
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LEISURE AND RECREATIONAL ACTIVITIES

FAVORITE TV SHOWS	
Picture Books	
PLAYING CARDS	
SHORT STROLLS	
NAPS	
CONVERSATION	
Local Newspapers	
Radio	
Music	

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SUGGESTIONS FOR CAREGIVER

- 1. FACE THE PERSON WHEN YOU SPEAK TO THEM
- 2. ESTABLISH EYE CONTACT
- 3. USE HAND GESTURES (POINT)
- 4. Speak distinctly, calmly, softly
- 5. Use simple sentences
- 6. ALLOW AMPLE TIME FOR ANSWERS
- 7. MINIMIZE BACKGROUND NOISES
- 8. TOUCH ONLY WHEN ACCEPTABLE
- 9. DO NOT OVER USE THE WORD "NO" YES OR MAYBE MIGHT BE ADEQUATE
- 10. SUDDEN, QUICK, UNEXPECTED MOVEMENTS CAN BE FRIGHTENING
- 11. Let person know time of day, where they are and what is going on every now and then

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