PERSONAL CARE PROFILE

This Personal Care Profile tells caregivers how to care for _____: how to communicate, health needs and medications, the daily routine, likes and dislikes, what helps and what upsets, and who to call.

Purpose and Effect. This profile is information for caregivers. It is not a medical order, an advance directive, a power of attorney or a guardianship document, and it does not give anyone authority to make medical, legal or financial decisions. If anything in it conflicts with those documents or with a doctor's instructions, follow those documents and instructions.

1. ABOUT

Full name: _____

Preferred name: _____ Date of birth: _____

[ ] A recent photo is attached to this profile.

Prepared by (name and relationship): _____ Phone: _____

Date of this profile: _____

2. COMMUNICATION

Main language: _____

Hearing and vision: _____

Saying yes and no: _____

Other communication notes: _____

3. HEALTH SUMMARY

Health conditions: _____

Allergies: [ ] no known allergies [ ] allergies and reactions: _____

4. MEDICATIONS

Medication: _____ Dose: _____ When taken: _____

Medication: _____ Dose: _____ When taken: _____

Medication: _____ Dose: _____ When taken: _____

Medication: _____ Dose: _____ When taken: _____

This list was current on _____.

This general template is provided for informational purposes only and does not constitute legal advice. Requirements vary by state and locality; review current law and attach any disclosures or addenda your situation requires before signing. For a guided state-specific document, visit lawvault.org.

5. DOCTORS AND PHARMACY

Primary doctor and phone: _____

Other doctors and therapists: _____

Pharmacy and phone: _____

Health insurance (plan name, where the card is kept): _____

6. DAILY ROUTINE

Time: _____ Activity: _____

Time: _____ Activity: _____

Time: _____ Activity: _____

Time: _____ Activity: _____

Time: _____ Activity: _____

7. DAILY CARE

Eating and drinking: _____

Personal care (bathing, dressing, toileting): _____

Mobility: [ ] walks without help [ ] uses a cane [ ] uses a walker [ ] uses a wheelchair [ ] needs help moving from a bed or chair [ ] is at risk of falling

Mobility notes: _____

Sleep: _____

8. LIKES, DISLIKES AND COMFORT

Likes: _____

Dislikes: _____

What helps: _____

What causes distress: _____

9. EMERGENCY CONTACTS

Name and relationship: _____ Phone: _____

Name and relationship: _____ Phone: _____

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10. IMPORTANT PEOPLE

Name: _____ Relationship: _____ Phone or notes: _____

Name: _____ Relationship: _____ Phone or notes: _____

Name: _____ Relationship: _____ Phone or notes: _____

11. LEGAL DOCUMENTS

Documents in place (check all that apply): [ ] health care power of attorney [ ] financial power of attorney [ ] living will or advance directive [ ] medical order such as a POLST or do-not-resuscitate order [ ] guardianship or conservatorship order [ ] HIPAA authorization [ ] custody order or parenting plan (child) [ ] consent to medical treatment for a minor (child) [ ] IEP or 504 plan (child)

Where they are kept: _____

Contact for these documents: _____

12. OTHER NOTES

_____

_____

13. KEEPING THIS PROFILE CURRENT

This profile is dated _____. A newer dated version replaces this one.

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