

Caring for Aging Parents Checklist

Personal Information
Name:
Date of Birth:
Medical History:
Medications:
Allergies:
Doctors' Contact Information:
Preferred Hospital:

Daily Care Needs	Safety Measures
<input type="checkbox"/> Morning Care Routine (e.g., bathing, dressing) <input type="checkbox"/> Medication Management <input type="checkbox"/> Meal Preparation and Assistance <input type="checkbox"/> Mobility Assistance <input type="checkbox"/> Afternoon Care Needs <input type="checkbox"/> Evening Care Routine <input type="checkbox"/> Nighttime Needs	<input type="checkbox"/> Home Safety Check (e.g., remove trip hazards, install grab bars) <input type="checkbox"/> Emergency Plan and Contacts Posted <input type="checkbox"/> Medical Alert System in Place <input type="checkbox"/> Regularly Check Smoke Detectors and Carbon Monoxide Alarms
Healthcare Management	Financial Affairs
<input type="checkbox"/> Schedule and Attend Doctor's Appointments <input type="checkbox"/> Follow-Up on Diagnostic Tests <input type="checkbox"/> Manage Referrals to Specialists <input type="checkbox"/> Update Vaccinations	<input type="checkbox"/> Review and Organize Financial Documents <input type="checkbox"/> Set Up or Review Power of Attorney <input type="checkbox"/> Ensure Bills and Expenses are Managed <input type="checkbox"/> Review Insurance Plans (Health, Long-Term Care)

Social and Emotional Well-being	Legal Affairs
<ul style="list-style-type: none"> <input type="checkbox"/> Plan Regular Visits with Family and Friends <input type="checkbox"/> Engage in Hobbies and Interests <input type="checkbox"/> Access to Community Services and Events <input type="checkbox"/> Mental Health Check-In and Support 	<ul style="list-style-type: none"> <input type="checkbox"/> Review and Update the Will <input type="checkbox"/> Establish Healthcare Directives <input type="checkbox"/> Verify Beneficiary Information
End-of-Life Planning	Caregiver Support
<ul style="list-style-type: none"> <input type="checkbox"/> Discuss End-of-Life Wishes <input type="checkbox"/> Plan Funeral Arrangements <input type="checkbox"/> Organize Important Documents (e.g., life insurance, will) 	<ul style="list-style-type: none"> <input type="checkbox"/> Identify Local Caregiver Resources <input type="checkbox"/> Schedule Respite Care as Needed <input type="checkbox"/> Attend Caregiver Support Groups <input type="checkbox"/> Self-Care and Health Monitoring for Caregiver

Notes
<p>Specific Care Instructions:</p>
<p>Observations and Concerns:</p>
<p>Adjustments to Care Plan:</p>