

# Care Plan Worksheet

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## Assess Your Loved One's Needs

*Presented by Divine Living Home Care | Hingham, MA (781) 919-0151 | [www.divinelivinghomecare.com](http://www.divinelivinghomecare.com)*

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## How to Use This Worksheet

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This worksheet helps you identify and organize your loved one's care needs. Fill it out before your consultation with a home care agency — it will help you communicate clearly and ensure nothing is overlooked.

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## Section 1: Personal Information

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Field	Your Answer
Client Name	_____
Age	_____
Address	_____
Primary Contact (You)	_____
Relationship to Client	_____
Phone Number	_____
Emergency Contact	_____

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## Section 2: Daily Living Activities

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Rate your loved one's ability in each area: **(I) Independent** | **(SA) Some Assistance** | **(FA) Full Assistance**

Activity	Ability Level	Notes
Bathing/Showering	_____	_____
Dressing	_____	_____
Grooming (hair, teeth, nails)	_____	_____
Toileting	_____	_____
Eating/Feeding	_____	_____
Mobility/Walking	_____	_____
Transferring (bed to chair)	_____	_____
Medication Management	_____	_____
Meal Preparation	_____	_____
Light Housekeeping	_____	_____
Laundry	_____	_____
Transportation	_____	_____
Shopping/Errands	_____	_____

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## Section 3: Medical Conditions

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List any diagnosed conditions (check all that apply):

- Dementia / Alzheimer's Disease
- Parkinson's Disease
- Diabetes
- Heart Disease

- Stroke Recovery
  - COPD / Respiratory Issues
  - Arthritis / Joint Problems
  - Cancer
  - Depression / Anxiety
  - Vision or Hearing Loss
  - Recent Surgery: \_\_\_\_\_
  - Other: \_\_\_\_\_
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## Section 4: Medications

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Medication Name	Dosage	Time of Day	Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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## Section 5: Schedule Preferences

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Question	Your Answer
What days do you need care?	_____
What hours?	_____
Is overnight care needed?	Yes / No
Is weekend care needed?	Yes / No
Preferred start date	_____
Minimum hours per visit	_____

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## Section 6: Personal Preferences

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Understanding your loved one as a person helps us provide better care.

Question	Your Answer
Preferred wake-up time	_____
Preferred bedtime	_____
Favorite foods/meals	_____
Foods to avoid/allergies	_____
Hobbies and interests	_____
Favorite TV shows/music	_____
Pets in the home?	_____
Religious/cultural needs	_____
Caregiver gender preference	_____
Languages spoken	_____

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## Section 7: Safety Concerns

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Check any that apply:

- History of falls
  - Wandering behavior
  - Leaves stove/appliances on
  - Difficulty with stairs
  - Forgets to lock doors
  - Lives alone
  - Limited mobility
  - Uses walker/wheelchair/cane
  - Other: \_\_\_\_\_
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## Section 8: What Matters Most to You

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In your own words, what are the top 3 things you want from a home care provider?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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## Section 9: Questions for Your Consultation

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Write down any questions you want to ask during your free consultation:

- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
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# Bring This Worksheet to Your Consultation

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Having this information organized will help your care advisor create the best possible plan for your loved one. You don't need to fill in every field — just do your best.

## **Schedule your free consultation:**

Phone: (781) 919-0151 After Hours: (508) 441-3453 Website:  
[www.divinelivinghomecare.com](http://www.divinelivinghomecare.com)

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