



Caregiver Checklist

Caregiver Information

- **Caregiver Name:** _____
 - **Phone Number:** _____
 - **Email:** _____
 - **Primary Role:** Family Professional Temporary Emergency Backup
 - **Date Checklist Prepared / Reviewed:** _____
-

Care Recipients Overview

Complete one section per person or pet.

Recipient 1

- **Name:** _____
- **Type:** Senior Child Pet
- **Age / DOB:** _____
- **Primary Needs:** Medical Mobility Supervision Feeding Medication

Recipient 2 (Optional)

- **Name:** _____
 - **Type:** Senior Child Pet
 - **Age / DOB:** _____
 - **Primary Needs:** Medical Mobility Supervision Feeding Medication
-

Daily Care Checklist

- Meals prepared / fed on schedule
- Hydration monitored
- Medications given correctly
- Mobility assistance provided
- Toileting / hygiene assistance (if applicable)
- Exercise / movement completed
- Companionship / emotional check-in
- Safety check (doors, stove, hazards)

Notes: _____

Medication & Health Management

- Medication list reviewed and accessible
- Medications stored safely and labeled
- Rescue / emergency medications available
- Symptoms or changes monitored
- Medical devices checked (glucose monitor, inhaler, mobility aids)

Last Medication Review Date: _____

Medical Appointments & Care Coordination

- Upcoming appointments scheduled
- Transportation arranged
- Insurance cards available
- Questions prepared for providers
- Follow-up instructions understood

Next Appointment: _____

Emergency Preparedness

- Emergency contacts readily available
- Emergency health forms completed
- Preferred hospital / vet identified
- Power of attorney / consent documents accessible
- Evacuation plan discussed

Emergency Notes: _____

Home & Environment Safety

- Fall risks reduced (rugs, cords, stairs)
 - Medications locked if needed
 - Smoke / CO detectors working
 - Pet-proofing / child-proofing in place
 - Emergency supplies stocked
-
-

Nutrition & Special Needs

- Dietary restrictions followed
 - Allergies clearly labeled
 - Feeding instructions documented
 - Supplements administered if required
-

Communication & Handoffs

- Daily updates recorded
- Changes communicated to family
- Instructions clear for backup caregivers
- Contact list shared

Preferred Communication Method: Call Text App Notebook

Self-Care for the Caregiver (Critical)

- Adequate rest
- Meals eaten
- Breaks scheduled
- Backup help identified
- Stress level checked

Sustained caregiving requires caregiver health and support.

Important Contacts

- **Primary Physician:** _____
 - **Specialist:** _____
 - **Pharmacy:** _____
 - **Vet (if applicable):** _____
 - **Emergency Services:** _____
-

Acknowledgment

I understand my responsibilities and will follow the documented care instructions to the best of my ability.

- **Caregiver Name:** _____
- **Signature:** _____
- **Date:** _____

Care & Privacy Note: This checklist is intended to support safe, consistent caregiving. It complements—but does not replace—professional medical, veterinary, or legal guidance. This summary is not intended to replace official health records or professional medical judgment. Please consult with your healthcare provider prior to making any health decisions related to your health.



Care & Privacy Note: This checklist is intended to support safe, consistent caregiving. It complements—but does not replace—professional medical, veterinary, or legal guidance. This summary is not intended to replace official health records or professional medical judgment. Please consult with your healthcare provider prior to making any health decisions related to your health.