

Prepared by

 Elder Caring Inc.
Your Partner in Healthy Aging

Wellness Binder



Welcome To Your Elder Caring Wellness Binder

“A Planning Tool With A Difference”

-Financial Post

In these times of uncertainty, having up-to-date medical information is critical.

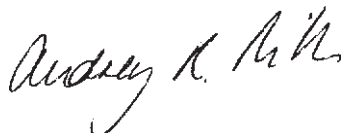
If you were hospitalized, would your family know the details of your medical history, where your important papers are kept, and what your wishes are? Elder Caring Inc. has created this planning tool for you to document, maintain and update all of this important personal information so it is readily accessible, when you need it. You will happily find that having all of your medical history, key information, contacts, insurance policies, advanced directives and powers of attorney in one place, is ideal.

The Wellness Binder can also be used as a discussion guide with family and friends, especially important for the person who will speak for you when you cannot speak for yourself, such as your Attorney for Personal Care or Substitute Decision Maker. Documenting your wishes and these important conversations will reduce anxiety and conflicts during an illness. I suggest that your information be reviewed regularly and revised as needed so it reflects your most up-to-date information.

I encourage you to consider keeping the pages that contain sensitive financial or account information in a secure location, and password-protect any electronic versions of the information. The only individuals who should access your information should be you and those who may need to use it, like your Attorney for Personal Care or your lawyer.

This planning tool will help you to be prepared and organized for whatever health issue is around the corner. You will be glad you did, and your family, friends, medical team and trusted advisors will appreciate it.

My very best to you in good health.



Audrey Miller MSW, RSW, CCLCP, is a recognized expert in life care planning, aging and caregiving issues. She has been interviewed and has appeared on television, radio and national news publications, including:

- CTV Your Morning
- Financial Post
- National Post
- Wall Street Journal
- Globe and Mail
- Toronto Star
- Money Sense Magazine
- Benefits Canada
- Maritime Morning Radio
- 680 News- All News Radio
- Chatelaine Magazine

Audrey has an extensive background working with older adults and their caregiving families as well as educating professionals in the legal and financial communities about aging issues and the needs of caregivers. As a subject matter expert for several financial institutions, Audrey developed a series of videos and articles and regularly presents to staff and client groups.

As the author of hundreds of articles and blogs, Audrey shares her expertise and wealth of knowledge and experience at eldercaring.ca.

Elder Caring Inc. is a geriatric care management company helping families across the country navigate the healthcare and homecare systems, leverage community resources and plan for present and future stages of care with confidence.

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youtube/ECaringChannel www.eldercaring.ca

WELLNESS BINDER INDEX



PERSONAL INFORMATION

Medical

▫ Personal Summary	1
▫ Social and Family Information	3
▫ Medical Conditions	5
▫ Falls and Surgeries	6
▫ Other Physicians	7
▫ Medication Record	8
▫ Pharmacy Information	9
▫ Other Therapists/Providers	10
▫ Other Health Care Providers/Agencies	12
▫ Assistive Devices	13
▫ Equipment Repair or Replacement	14
▫ Preparing For Your Doctor's Appointment	15
▫ Emergency Contact Sheet	16

Legal

▫ Lawyer Information/POA	18
▫ Living Wills/Advance Care Directives	19
▫ Will Information	20

Financial

▫ Important Documents	21
▫ Banking Information	22
▫ Investments	23
▫ Insurance Policies	24
▫ Online Accounts / Digital Assets	26



CARING INFORMATION

Caring Information

▫ Article: Caregiving - Terms to Know.....	27
▫ Information for Care Team.....	30
▫ Information About Me.....	31
▫ Activities of Daily Living and Personal Care.....	34
▫ Leisure Activities and Preferences.....	36
▫ Dietary Habits and Allergies.....	37
▫ Behaviors and Personality Traits.....	39
▫ Daily Schedules.....	42
▫ Household Assistance.....	45
▫ Diary of Changes in Health and Behaviour.....	46
▫ Behavioural Changes with Dementia.....	47
▫ Article: Caregiver Burnout.....	52

Agency Information

▫ Public Sector Information.....	54
▫ Private Home Care Agencies.....	56

Residential Options

▫ Article: When Staying At Home is No Longer An Option.....	58
▫ Residential Care Options.....	62
▫ Comparing Costs of Residential Options.....	63
▫ Questions to Consider.....	67
▫ Retirement Tour Notes.....	69
▫ Retirement Residence Comparison Chart.....	71

Palliative Care

▫ End of Life Medical and Personal Equipment List.....	73
▫ Symptom Control & Comfort Measures.....	74
▫ Funeral, Cremation/Burial Arrangements.....	77



PERSONAL

Name: _____ Age: _____ Date: _____

Date of Birth: _____

Address: _____

Home Phone: _____ Do you live alone? YES NO

Cell Phone: _____

Blood Type: _____ Social Insurance # _____

Vaccinations: _____

TB test: Positive or Negative

Family Doctor's Name: _____ Phone: _____

Address: _____ Fax: _____

Wears ID: YES NO

Medical Alert or Wandering Registry #: _____

Health Card #: _____

Drug Card # Government: _____

Supplemental Health Insurance Company: _____

Policy #: _____

Type of Coverage: _____

Emergency Response System i.e. Lifeline: _____

Organization Contact: _____ Telephone: _____

Emergency Telephone #: Responders will be contacted in the order shown below:

1st: _____ Phone: _____

Cell Phone: _____



2nd: _____ Phone: _____

Cell Phone: _____

3rd: _____ Phone: _____

Cell Phone: _____

Name of Elder Care Manager: _____

Company and Contact Information: _____

Notes:



SOCIAL AND FAMILY INFORMATION

List the names, relationship and phone numbers of friends, neighbours, and family.

Family Members

Name	Relationship	Phone/email

Friends

Name	Phone/email



Close-by Neighbours

Name	Phone/email

Additional Information:



FALLS AND SURGERIES

List all surgeries, accidents, and falls, starting with the most current. Provide as much information as you can, including the name of the attending physician or surgeon, name of hospital or client and city.

Date of Admission	Details of fall and/or surgery	Hospital & City Name



OTHER PHYSICIANS

List each doctor, other than family doctor:

Doctor's Name: _____ Hospital: _____

Phone: _____ Fax: _____

Specialty: _____

Doctor's Name: _____ Hospital: _____

Phone: _____ Fax: _____

Specialty: _____

Doctor's Name: _____ Hospital: _____

Phone: _____ Fax: _____

Specialty: _____

Doctor's Name: _____ Hospital: _____

Phone: _____ Fax: _____

Specialty: _____

Doctor's Name: _____ Hospital: _____

Phone: _____ Fax: _____

Specialty: _____



PHARMACY INFORMATION

TIP: Speak to your pharmacist before taking cough and cold formulas and herbal remedies

TIP: MedsCheck (Ontario) is an annual consultation for patients taking 3 or more prescription drugs and a visit by the pharmacist can occur in your own home

TIP: Return unused or expired medications to the pharmacy for proper disposal

Pharmacy Name: _____ Contact Name: _____

Phone: _____ Fax: _____

Address: _____

Administered: Independent Assistance Blister Pack Dossette Box

If assistance is required, who is helping administer the medication?

Are the prescriptions delivered to your home? YES NO

If you answered NO, how do you pick up your medications?

Additional Information:



OTHER THERAPISTS/PROVIDERS

List types of therapy and details – acupuncture, chiropractic, reflexology, herbal therapy, pain therapy, etc.

Name: _____

Type of therapy/treatment provided: _____

Phone: _____ Fax: _____

Name: _____

Type of therapy/treatment provided: _____

Phone: _____ Fax: _____

Name: _____

Type of therapy/treatment provided: _____

Phone: _____ Fax: _____

Name: _____

Type of therapy/treatment provided: _____

Phone: _____ Fax: _____

Name: _____

Type of therapy/treatment provided: _____

Phone: _____ Fax: _____



FOOTCARE

List name, profession (chiroprapist, podiatrist or footcare nurse) and phone number of each person regularly attending to maintenance of person’s foot health.

Name/Clinic: _____

Chiroprapist/podiatrist/footcare nurse: _____

Phone: _____

Name/Clinic: _____

Chiroprapist/podiatrist/footcare nurse: _____

Phone: _____

Check here if footcare is normally performed by self, family member or friend

DENTIST

Name: _____ Phone: _____

Address: _____

EYE CARE: List all optometrists, ophthalmologists, opticians, etc.

Name: _____ Specialty: _____

Phone: _____ Last Seen: _____

Name: _____ Specialty: _____

Phone: _____ Last Seen: _____

Current Prescription i.e. eye glasses, contacts etc.: _____

Cataract Surgery: _____

Eye drops: _____



OTHER HEALTH CARE PROVIDERS/AGENCIES

Care/Service Provided: _____

Name of contact person: _____

Agency: _____

Phone: _____ Fax: _____

Email: _____

Care/Service Provided: _____

Name of contact person: _____

Agency: _____

Phone: _____ Fax: _____

Email: _____

Care/Service Provided: _____

Name of contact person: _____

Agency: _____

Phone: _____ Fax: _____

Email: _____

Care/Service Provided: _____

Name of contact person: _____

Agency: _____

Phone: _____ Fax: _____

Email: _____



ASSISTIVE DEVICES

Please check if used by person:

- | | | |
|---|--|--|
| <input type="checkbox"/> Eye glasses | <input type="checkbox"/> Hip protectors | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Contact lenses | <input type="checkbox"/> Oxygen (portable) | <input type="checkbox"/> Apnea monitor |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Back/neck brace | <input type="checkbox"/> Colostomy bag |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Dentures: upper/lower or both | <input type="checkbox"/> Insulin kit |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Hearing aid/type | <input type="checkbox"/> Blood sugar |
| <input type="checkbox"/> Electric wheelchair | <input type="checkbox"/> Wheelchair seating system | <input type="checkbox"/> Stair lift |
| <input type="checkbox"/> Commode chair | <input type="checkbox"/> Airway pressure device | <input type="checkbox"/> Bed railing |
| <input type="checkbox"/> Scooter | <input type="checkbox"/> TDD phone | |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Inhaler accessory device | |
| <input type="checkbox"/> Orthotics | <input type="checkbox"/> Prosthetic devices | |
| <input type="checkbox"/> Reading assistive device | <input type="checkbox"/> Leg brace <input type="checkbox"/> L <input type="checkbox"/> R | |
| <input type="checkbox"/> Communication device | <input type="checkbox"/> Hospital bed and related items | |
| <input type="checkbox"/> Floor or ceiling lift device | <input type="checkbox"/> Pressure relief mattress | |
| <input type="checkbox"/> Bath bench | <input type="checkbox"/> Raised toilet seat | |
| <input type="checkbox"/> Floor alarm mat | <input type="checkbox"/> Seat lift | |

Additional Devices:



EQUIPMENT REPAIR OR REPLACEMENT

Name of device or equipment: _____

Make/Model: _____

Prescribed by (name and #): _____

Contact Repair name: _____

Phone: _____

Date Provided: _____

Replacement/Warranty: _____

Name of device or equipment: _____

Make/Model: _____

Prescribed by (name and #): _____

Contact Repair name: _____

Phone: _____

Date Provided: _____

Replacement/Warranty: _____

Name of device or equipment: _____

Make/Model: _____

Prescribed by (name and #): _____

Contact Repair name: _____

Phone: _____

Date Provided: _____

Replacement/Warranty: _____



PREPARING FOR YOUR DOCTOR'S APPOINTMENT

TIP: Prepare a summary of your medical history; it will go a long way in ensuring all your important information is in front of the doctor.

IN ADVANCE OF THE APPOINTMENT

Having had the opportunity to attend many doctor's and specialists' appointments both professionally and personally, being prepared can be a life saver. If you are accompanying someone to this appointment, call the office in advance and advise them that you will be accompanying them, either for support, translation or both. Prepare a summary sheet. Many questions are asked repeatedly; include your date of birth and any other key/remarkable information at the top of your summary sheet.

1) Make a list, include:

- Your history and changes since your last appointment (or reason for the referral if seeing a specialist). If seeing a specialist, I like to include **a summary** including all related investigations including blood results, CT scan (date and finding), MRI (date and finding) X-ray (date and finding). This can be grouped by diagnosis or by date depending on your symptoms (charting what they are, when they occur, intensity)
- Your concerns
- Your questions
- Your medications (include a pharmacy printout if possible) and side effects and herbal supplements

2) Copy or scan the radiology reports and keep them in an accessible place. A printed copy can be kept in your Wellness Binder as well. Bring them with you.

AT THE APPOINTMENT

- Provide the summary sheet
- Write down the doctor's answers/responses
- If the doctor uses terms you are not familiar with, ask for clarification
- Confirm where results will be sent or if reviewing results with the doctor, ask for a copy for your own safe keeping
- Verify when a return visit should be made and next steps to be taken



EMERGENCY CONTACT SHEET

TIP: post a copy of these pages to your refrigerator for maximum accessibility!

PERSONAL INFORMATION

Name: _____

Address: _____

Home Phone: _____ Cell: _____ Age: _____

Date of Birth: _____ Height: _____ Weight: _____

Doctor's Name: _____ Phone: _____

Address: _____

MEDICAL INFORMATION

Current Diagnosis: _____

Wandering Registry Number: _____

Allergies: _____

Health Card Number: _____

Other Insurance: _____ Phone: _____

COVID-19 Test Results: (include date and result) _____



MEDICATIONS

Name of Medication	Dose	Prescribed For

IN EMERGENCY, PLEASE NOTIFY:

Name: _____ Relationship: _____

Phone: _____ Cell: _____

Name: _____ Relationship: _____

Phone: _____ Cell: _____

Name: _____ Relationship: _____

Phone: _____ Cell: _____



LEGAL

Lawyer(s) name, Firm Address, Phone Number, and Email Address:

POWERS OF ATTORNEY

Property

Name(s) and Relationship:

Phone:

Personal Care

Name(s) and Relationship:

Phone:

Please include a copy of the legal documentation of Power of Attorney for your records.



LIVING WILLS/ADVANCE CARE DIRECTIVES

Is there a living will? YES NO

If yes, where are copies located?

Relative's Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Lawyer's Name: _____ Phone: _____

Other: _____ Phone: _____

If there is no living will or advance directive, you could access more information at <http://www.attorneygeneral.jus.gov.on.ca/> and www.advancecareplanning.ca

If hospitalized, should a DO NOT RESUSCITATE (DNR) order be placed on your chart? YES NO



WILL

Is there a last will and testament? YES NO

If yes, where are copies located?

Relative's Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Lawyer's Name: _____ Phone: _____

Other: _____ Phone: _____

EXECUTOR(S)

Name: _____ Phone: _____

Name: _____ Phone: _____

OTHER WISHES



FINANCIAL

IMPORTANT DOCUMENTS

Document Name	Location/Number
Passport	
Driver's license	
Vehicle registration	
Health insurance card	
Social insurance card	
Military papers	
Birth certificate	
Marriage certificate	
Divorce certificate	
Children's birth certificates	
Insurance Policies:	
Home insurance	
Life insurance	
Critical Illness insurance	
Long-Term Care insurance	
Short-term/Long-term Disability insurance	
Safety deposit box/key	
Other:	



BANKING INFORMATION

It's important that sensitive information such as account details and passwords are only accessible to you and those who may need to use the information, like your Power of Attorney for Personal Care. **Please be sure to keep this information in a secure place.**

Bank name: _____ Transit #: _____

Branch address: _____

Contact person: _____ Phone: _____

Email address: _____

List account types and numbers:

Mortgage Information:

CREDIT CARD, include type, provider and name on card (if different)

Number, Expiry Date _____

Number, Expiry Date _____

Number, Expiry Date _____

Number, Expiry Date _____

ONLINE BANKING

Debit Card Number: _____



INVESTMENTS

Investment advisor: _____

Institution: _____ Phone: _____

Email address: _____

List investment types and numbers:

RETIREMENT INCOME

Old Age Security/CPP:

Guaranteed Income Supplement:

Pension Plan:

RRSPs/RRIFs and Annuities:



INSURANCE POLICIES

Long-Term Care Policy Number: _____

Contact Information: _____

Critical Care Insurance Policy Number: _____

Contact Information: _____

Short-Term and Long-Term Disability Insurance Policy Number:

Contact Information: _____

Life Insurance Policy Number: _____

Contact Information: _____

Extended Health Coverage: Medical/Dental Benefits Provider and Plan Number:

Loyalty Cards/Programs and Memberships



FINANCIAL NOTES:

A large, empty rectangular box with a thin black border, intended for the user to provide financial notes.



ONLINE ACCOUNTS / DIGITAL ASSETS

It's important that sensitive information such as account details and passwords are only accessible to you and those who may need to use the information, like your Power of Attorney for Personal Care. **Please be sure to keep this information in a secure place.**

Email Address: _____

Email Address: _____

SOCIAL MEDIA ACCOUNTS (i.e., Facebook, LinkedIn, Twitter, etc.)

Name of Website: _____ User Name: _____

Name of Website: _____ User Name: _____

Name of Website: _____ User Name: _____

ONLINE ACCOUNTS / DIGITAL ASSETS (i.e., Utilities/ Service Providers, Frequent Flyer/ Reward accounts, PayPal)

Company Name: _____ User Name: _____

Company Name: _____ User Name: _____

Company Name: _____ User Name: _____

Company Name: _____ User Name: _____

CAREGIVING – TERMS TO KNOW

By: Audrey Miller MSW, RSW, CCLCP

Whether you're looking towards your own future care needs or find yourself acting as a caregiver, you'll find that caregiving can be full of terms and acronyms you may not be familiar with.

To help make things easier, I've compiled this list of some key terms and acronyms you may encounter.

Frequently Used Terms and Acronyms

Acronym	Term	Brief Description
*ADL	Activities of Daily Living	Activities of daily living (ADLs) such as Feeding <ul style="list-style-type: none"> ▪ Toileting ▪ Bathing ▪ Eating
	Advance Care Planning	Planning in advance for decisions that may have to be made prior to incapability or at the end of life. People may choose to do this planning formally, by means of advance directives, or informally, through discussions with family members, friends and health care and social service providers, or a combination of both methods. (http://www.who.int)
*ALC	Alternate Level of Care	People who no longer need acute care, but who still require a lower level of care as they cannot manage independently. These patients must remain in hospital while waiting for space to become available in another facility (such as a rehabilitation hospital or long-term care facility), or for home care supports to be put in place.
	*Assisted Living	A type of residential living that provides supportive services, such as housekeeping, communal dining, and in some cases personal care assistance to seniors who require some help with daily living.
CA	Capacity Assessment	Capacity Assessment is the formal assessment of a person's mental capacity to make decisions about property and personal care. (http://www.attorneygeneral.ius.gov.on.ca/english/family/pgt/capacity.asp)
	Caregiver Burden	The emotional, physical and financial demands and responsibility of an individual's illness that are placed on family members, friends or other individuals involved

Acronym	Term	Brief Description
		with the individual outside the health care system. (http://www.who.int)
	Caregiver Burnout	A severe reaction to the caregiving burden, requiring intervention to enable care to continue (http://www.who.int)
	*Community Support Services	Services provided in or through the community, such as transportation, shopping, house cleaning, and yard maintenance.
	*Continuing Care	A general term used to encompass home care, assisted living, and long-term care facilities where the sectors are not clearly separated, but seen as part of a continuum.
	Geriatrician	A physician who specializes in the care of older and aging adults. They have additional training and certification in addition to their medical training to help meet the special needs of older adults. Fellowships in geriatric medicine usually add about three years to their training. Geriatricians become experts in dealing with and treating the multiple medical problems that many seniors suffer from. The ailments they treat range from Alzheimer's disease to chronic pain and everything in-between. (http://seniorhealth.about.com)
	*Home Care	Publicly funded and administered services received in the home.
*IADL	Instrumental Activities of Daily Living	Instrumental activities of daily living (IADLs) are the include : <ul style="list-style-type: none"> ▪ Cleaning ▪ Grocery shopping ▪ Home maintenance
*LTC	Long Term Care	Care received in an institution such as a nursing home.
OT	Occupational Therapist	Occupational therapists are health professionals who use treatments to develop, recover, or maintain the daily living and work skills of their patients with a physical, mental or developmental condition. (http://www.caot.ca/)
POA	Power of Attorney	A power of attorney is a legal document where one person gives another person the power and authority to act on his or her behalf. A power of attorney typically refers to the power to make <u>financial and property</u> decisions. Typically a different legal document is used for decisions about personal care, although in some provinces such as New Brunswick, personal care and financial matters can be in the same document. There are several different types of powers of attorney in Canada. Each province uses slightly different language,

Acronym	Term	Brief Description
		and very importantly, each has different laws for making and relying on these powerful documents. (http://www.canadianelderlaw.ca/)
*PSW	Personal Support Worker	PSWs are unregulated worker who provides support for personal care, such as bathing, toileting and homemaking functions. Personal support workers are employed in home care, long-term care, and hospital settings. This role is known by different names, such as home support worker or health care aide.
PT	Physio-therapist	Is a regulated health professional whose concern is with the remediation of impairments and disabilities and the promotion of mobility, functional ability, quality of life and movement potential through examination, evaluation, diagnosis and physical interventions. (http://www.physiotherapy.ca/Home?lang=en-ca)
RN	Registered Nurse	Registered Nurses (RNs) receive legal authority to use the title “registered nurse” or “RN” through provincial and territorial legislation and regulation. (http://www.cna-aicc.ca/en/)
RPN	Registered Practical Nurse	A nurse who has completed a practical nursing program and is licensed by the province to provide routine patient care under the direction of a registered nurse or a physician. http://www.ccpnr.ca/
SLP	Speech and Language Pathologist	Provide a wide range of services, mainly on an individual basis, but also as support for individuals, families, support groups, and providing information for the general public. Speech services begin with initial screening for communication and swallowing disorders and continue with assessment and diagnosis, consultation for the provision of advice regarding management, intervention, treatment, provision counseling and other follow up services for these disorders. (http://www.caslpa.ca/english/index.asp)
	*Vulnerable senior	Someone who has some challenges with independent living due to health limitations and who may be at risk for further disability or complications.

* Definitions marked (*) were provided from [Seniors in Need, Caregivers in Distress, Health Council of Canada, April 2012.](#)



INFORMATION FOR CARE TEAM

BIOGRAPHICAL NOTES

Note any details that are important for others to know. The categories shown are suggestions only. List anything you think will help caregivers make life more comfortable. Also include any topics of conversation that would be meaningful and pleasant. Some important information would be the names of one's spouse, partner or significant other, any pet(s), and some details about the relationship(s).

Place of birth: _____

Birth date: _____

Education: _____

Occupation, profession, etc.: _____

Memberships: _____

Achievements/awards: _____

Languages understood: _____

Languages spoken: _____

Spouse/partner/significant other: _____

Children: _____

Grandchildren: _____

Religious denomination/institution: _____

Special dates to remember: _____

Other significant information:



INFORMATION ABOUT ME

I prefer to be called _____.

I start my day at _____ and my first task is _____, after which I like to _____.

I end my day at _____. My best time of day is _____.

My most difficult time of the day is _____.

MY EATING AND DRINKING PREFERENCES

My first meal of the day generally consists of _____

I never eat _____

But I can always go for _____

My beverage of choice is _____

I like my coffee/tea with _____

I prefer my caregiver to eat with me: YES NO

My favorite restaurant is _____

I am allergic to _____



MY DRESSING AND GROOMING PREFERENCES

I like to shower bathe (select one) first thing in the morning before bed
or no set time (select one)

I am most comfortable wearing _____

When dressing, I need help with _____

GETTING AROUND

I am right left handed (select one)

The following are some things I have trouble doing:

The following are some things I am really good at doing:

I use the following equipment to get around: Walker Cane Wheelchair
(select as many as apply)

MY EYESIGHT

I wear glasses: YES NO

I need them for reading seeing distance other, or all of the above

I keep my glasses _____



MY HEARING

My hearing is good fair poor (select one)

I am better able to understand if you _____

I wear a hearing aid: YES NO

Additional Information:



ACTIVITIES OF DAILY LIVING AND PERSONAL CARE

Check personal care activities where assistance is required and explain the type of help or devices needed. If more space is needed, please use the space provided on the next page. Indicate what type of assistance is needed i.e. cueing or hands-on direct assistance.

Eating: _____

Bathing/showering: _____

Washing hair: _____

Shaving: _____

Nail care: _____

Dental hygiene: _____

Dressing: _____

Taking medication: _____

Mobility indoors: _____

Mobility outdoors: _____

Transferring from wheelchair: _____

Sleeping habits: _____

Toileting _____

Changing incontinence pads: _____

Changing ostomy bags: _____

Draining/cleaning catheter bag: _____

Can this person drive: YES NO

Other: _____



Additional Information:

A large, empty rectangular box with a thin black border, occupying the central portion of the page, intended for providing additional information.



LEISURE ACTIVITIES AND PREFERENCES

- Enjoys animals/plants: _____
- Art forms: _____
- Computers: _____
- Crocheting/Knitting?: _____
- Daily newspapers: _____
- Embroidery: _____
- Hobbies: _____
- Instruments played: _____
- Enjoys magazines: _____
- Movies: _____
- Musical preferences: _____
- Outings enjoyed: _____
- Reading/being read to: _____
- Socializing/need for solitude: _____
- Sports/exercise: _____
- Television watching: _____
- Travel: _____
- Favorite foods: _____
- Other: _____



DIETARY HABITS AND ALLERGIES

Include as much detail as possible to help maintain normal eating patterns.

Time person normally has this meal/snack	Breakfast	Lunch	Dinner	Snacks

Food/beverage preferences:

Food/beverage allergies and sensitivities:

Food/beverages to avoid:



Special instructions for food preparation:



BEHAVIOURS AND PERSONALITY TRAITS

Check applicable behaviours, personality traits, and habits that may affect one's homecare, safety, well-being, and the well-being of others. Give any details that would be helpful to other caregivers and any tips for dealing with these behaviours.

Behaviour/ personality traits	Explain	Tips and hints
<input type="checkbox"/> Cognitive problems		
<input type="checkbox"/> Confused		
<input type="checkbox"/> Violent, aggressive		
<input type="checkbox"/> Agitated		
<input type="checkbox"/> Paranoid		
<input type="checkbox"/> Depressed		
<input type="checkbox"/> Forgetful		
<input type="checkbox"/> Unable to speak		
<input type="checkbox"/> Will not speak		
<input type="checkbox"/> Literacy/illiterate		



Behaviour/ personality traits	Explain	Tips and hints
<input type="checkbox"/> Poor vision		
<input type="checkbox"/> Deaf/hard of hearing		
<input type="checkbox"/> Incontinent		
<input type="checkbox"/> Very social		
<input type="checkbox"/> Lonely		
<input type="checkbox"/> Non-social		
<input type="checkbox"/> Incompatible with others		
<input type="checkbox"/> Fakes symptoms		
<input type="checkbox"/> Hoarder		
<input type="checkbox"/> Lies/embellishes		
<input type="checkbox"/> Wanders		



Behaviour/ personality traits	Explain	Tips and hints
<input type="checkbox"/> Steals/shoplifts		
<input type="checkbox"/> Pretends to take medication		
<input type="checkbox"/> Refuses food		
<input type="checkbox"/> Difficulty swallowing		
<input type="checkbox"/> Smokes		
<input type="checkbox"/> Alcohol dependent/user		
<input type="checkbox"/> Drug dependent		
<input type="checkbox"/> Sleep problems		
<input type="checkbox"/> Other		



SCHEDULE

RECORD OF TYPICAL DAILY SCHEDULE

TIP: Describe your regular daily routine as accurately as possible. You may want to include your sleep habits and whether it is disrupted and how long you spent awake.

Time	Usual daily schedule	Special activities and when they are scheduled
7am		
8am		
9am		
10am		
11am		
12pm		
1pm		
2pm		
3pm		
4pm		
5pm		
6pm		
7pm		
8pm		
9pm		



Time	Usual daily schedule	Special activities and when they are scheduled
10pm		
11pm		
Overnight Care Needs		
12am		
1am		
2am		
3am		
4am		
5am		
6am		

Sleep Log:



SCHEDULE

Name of Caregiver	Duties	Start Time	End Time



HOUSEHOLD ASSISTANCE

Record details of housekeeping, cooking, and other household chores.

Activity or Task	Who does this	How Often	Details
Transportation			
Vehicle maintenance			
Shopping			
Laundry			
Cooking			
Assistance with meals			
Doing dishes			
Cleaning			
Bill paying/banking			
Appointment making			
Correspondence			
Managing finances			
Snow removal			
Yard work/grass cutting			
Pet care (home and vet info)			

Pet(s) - (type(s) and name(s): _____

Is there a regular pet companion/visitor/volunteer: YES NO

Name: _____ Phone: _____



BEHAVIOURIAL CHANGES WITH DEMENTIA

Many people with dementia exhibit difficult behaviour. List details of any difficult behaviours that apply and the ways in which to address them.

Behaviour	Causes/Triggers	Describe What Helps
Aggression:		
Agitation:		
Anxiety:		



Behaviour	Causes/Triggers	Describe What Helps
Anxiety (continued):		
Irritability:		
Appetite & eating:		
Sleeping disturbances:		



Behaviour	Causes/Triggers	Describe What Helps
Sleeping disturbances (continued):		
Sexual disinhibition:		
Wandering:		
Paranoia:		



Behaviour	Causes/Triggers	Describe What Helps
Paranoia (continued):		
Hallucinations:		
Catastrophic reactions:		
Repetitive behaviours:		



ADDITIONAL INFORMATION AND COMMENTS

Is there anything not explained above that you feel would be helpful for other caregivers to know about difficult patterns of behaviour exhibited? List any important information/details.

CAREGIVER BURNOUT

By: Audrey Miller MSW, RSW, CCLCP

One of the main causes of caregiver burnout is the push to meet unrealistic expectations and demands that caregivers place upon themselves. Such expectations are often forced due to the lack of physical and financial resources, which are often times not easily correctable. Other times, they may be due to the simple reason that the caregiver feels sole responsibility for the wellbeing of their loved one, has difficulty saying “no”, has difficulty asking for or accepting help or feels as though they are the only person capable of providing the needed care.

Burnout refers to feeling as though you have "nothing left." You are emotionally, physically, mentally and perhaps spiritually depleted. Burnout can put both the caregiver and the person being cared for at risk.

Feeling stressed over long periods of time will affect the caregiver's health, motivation, attitude, and mood. It can also affect the caregiver's ability to cope with daily responsibilities. At work, these may mean taking more sick days, leaving work early, being preoccupied while at the job, passing up on opportunities that will take you away from home, just to name a few.

I have provided some suggestions that are helpful in terms of minimizing the risk of burnout.

- Understanding your own abilities and limits. It is ok to ask for help. Brainstorm ideas of what would help. Other people cannot read your mind. Have a family meeting to review what others can contribute. It may be doing the shopping, preparing a meal, taking the care- recipient out so you have some time for yourself or contributing in some other way. Perhaps a set time can be arranged, so this can be built into the regular routine.
- If relying on family is not an option, there are community resources available. Short term stays are available at most retirement residences. While you might want to consider checking yourself in for a break, respite care at a retirement residence can provide the care recipient with meals, accommodation, safety, security and socialization. Using a residential resource can ensure that the caregiver can take an extended amount of time for themselves (or go on that business trip). Whether it is a weekend away or longer, this provides an excellent option.

- Hiring a private caregiver either privately or through an agency is another option. Whether this is for a few hours each week or on a daily basis, each person's needs are different.
- It is important to know your own limits, both physically and emotionally. Caregiving is demanding and looking after the care recipient rather than yourself is a common problem.
- Understanding the course of the disease and what is ahead. Education is available, on line or most organizations dealing with a specific disease offer workshops and support groups. Having realistic expectations of both the care recipient's ability and your own abilities is important.
- Be sure to make time for yourself. Whatever it is that gives you pleasure, try to make it a regular part of your routine. Physical exercise and eating well, also important. Going out for a walk, not only changes the scenery but may also improve your mood.
- Speaking with your employer; verify if they have a sponsored eldercare program in place. More and more companies are realizing that their employees' needs are changing and that employee assistance programs and services must range from child care to elder care services.
- If your company does not currently sponsor an elder caring program, speak to them about ways to reduce your stress load at work. These may include flexible working hours, job sharing, work from home, and identify ways to reduce the amount of time spent in job-related travel; or taking some vacation time, having the ability to say no when asked to work overtime.
- The key to work life balance is balance. Sometimes we need to speak to a professional to explore ways to obtain equilibrium in our lives.



AGENCY INFORMATION

HOME CARE

PUBLIC HOME CARE SERVICES

Canada has a national health insurance program, referred to as 'Medicare'. The Canada Health Act provides the legislation for publicly funded health care insurance. Health care responsibilities are shared between the federal and provincial-territorial governments and designed to ensure that all Canadian residents have 'reasonable access' to medical services. Services delivered within the home 'home care' is provided to eligible residents; service delivery varies from province to province. Contact your provincial ministry/department of health for information.

Is the Provincial Ministry currently providing 'Home Care'? YES NO

Case Manager: _____ Phone: _____

Email: _____

Services may include Personal Support Workers, Nursing, Occupational Therapy, Physiotherapy, Speech and Language Pathologist and Dietitian services

Name of Service Provider: _____

Type of Care Provided: _____

Phone: _____

Name of Service Provider: _____

Type of Care Provided: _____

Phone: _____



Type of care provided	Number of hours provided weekly	Details and days attending
Nursing	Name: Hours/week:	
Personal support: i.e. bathing, toileting, etc.	Name: Hours/week:	
Nutritional counselling	Name: Hours/week:	
Physiotherapy	Name: Hours/week:	
Occupational therapy	Name: Hours/week:	
Speech therapy	Name: Hours/week:	
Social work	Name: Hours/week:	



PRIVATE HOME CARE AGENCIES

Canadian Home Care Association

“Home care is an array of services for people of all ages, provided in the home and community setting, that encompasses health promotion and teaching, curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration and support for the family caregiver.”

<http://www.cdnhomecare.ca>

Is there a live-in caregiver? YES NO Name: _____

Sponsorship information if applicable:

Preferred home care suppliers for private-pay care:

Agency name: _____

Supervisor Contact: _____ Phone: _____

Agency name: _____

Supervisor Contact: _____ Phone: _____

Agency name: _____

Supervisor Contact: _____ Phone: _____



Additional Information:

When Staying At Home Is No Longer An Option – Make Sure You Plan The Right Move

By: Audrey Miller MSW, RSW, CCLCP

Let's face it, most people don't like to move, and for older individuals it can be even harder to leave the family home and move into a more supported environment. From leaving a lifetime of memories to the overwhelming thought of emptying cupboards, basements and bedrooms, it can be a decision that gets put off until it becomes an urgent necessity.

Where possible, I would advise seniors to consider and plan a move while they are well enough to adjust to a new setting. Without this kind of planning, a move can be necessitated by other factors such as difficulty managing ongoing home maintenance, the death of a spouse, mobility issues, or the overall determination that 'the home is no longer safe' as a primary living environment.

Regardless of how the decision is made, once a move has been deemed necessary, it's important to be aware of and consider all factors of the options available. Most of us have negative images in our heads of "old folks' homes" – but may not be aware that there are several potential options available in today's marketplace. These include: condominiums, life lease apartments, senior's apartment buildings, supportive housing, retirement residences, and long term care facilities.

The environment that's chosen should be the one that will best foster health and happiness while providing for both current and future care needs.

I am often asked by seniors and their families to help them understand the differences between retirement settings and long term care facilities and how to choose the best one.

My advice is to start by considering The 3 'C's™:

My first 'C': CARE

- What amount and type of care does the person require?
- What is the medical condition and is it chronic, temporary, progressive or palliative?
- How is the condition being treated medically and what course of treatment and outcome can be expected?
- Will the care needs increase over time?

TIP – Don't forget to consider **future** care needs: So often when families don't plan ahead a move is made based on immediate requirements rather than an assessment of

what needs will be tomorrow. Many retirement residences are not equipped to deal with complex medical needs from either a physical or cognitive perspective. Make sure that when you are thinking about care to think beyond immediate needs and towards what the likely need will be in one,, two or five years.

My second 'C': COST

- What is the cost of hiring care?
- What will be the total monthly cost?
- Do you know all of your current monthly costs? Remember that food and lodging are usually included in the retirement residence cost while care is often available on an incremental cost basis.
- What is the cost of the care component by itself? Consider costs for nursing, the services of a personal support worker, other therapies, medication monitoring and administration, and any special equipment that may be needed.

TIP – Make sure you know all the costs. Fully document all current monthly expenses so that costs can be compared in a meaningful way with other options being considered.

My third 'C': CHOICE

- Is there a preferred geographic location?
- How important is it to be close to family, friends, religious organization, doctors?
- How important is it to be close to public transportation?
- Are pets welcome?
- Are there other personal preferences that should be considered, such as special diets or a sense of religious or cultural community?
- What amenities are available?

Now let's look at the benefits and drawbacks of the various potential living options.

Condominium

Purchasing or renting a **condominium** might be a good fit for someone who wants to maintain complete independence but is finding the outside maintenance of their home to be a challenge. Most don't offer any added services, but many have a door person or concierge who can provide some level of security and assistance. These buildings can also allow the senior to stay in a community with people of varying ages. Seniors living in condominiums still need to prepare their own meals and take care of their own household chores. Perhaps the largest drawback to this option is that it is likely that a senior may have to move again if their care needs increase, unless there is space and interest in hiring private home support assistance and/or a live in caregiver.

Life Lease Apartment

A life lease apartment is much like a condo – but includes access to all the services of the retirement home. These facilities may be within a retirement residence or a separate facility. The benefit to these types of apartments is that the resident maintains a bit of home equity –they own their apartment and when they pass away, the money from the

sale of the apartment will act as an inheritance or be available to pay off any remaining debt. If a retirement residence has life lease suites along with apartments, assisted living programs and long term care, the senior could move once and not need to move to another facility in the future. Rather, they would move within the facility as the need arose for higher levels of care.

Senior's Apartment Building

A **senior's apartment building** is a rental option for seniors who, much like those who opt for a condominium, find outside maintenance of their homes to be difficult to manage but in every other way would like to maintain complete independence. These apartment buildings have an age requirement and do not allow children or younger families to rent. Seniors who chose a facility like this to call home may find that they meet more people who share similar interests and activities. Like the condominium, however, the largest drawback to this type of facility is the potential need to move again to a residential option with a higher level of care, when health begins to decline and the need for assistance with tasks of daily living increase (unless there is space and interest in hiring private home support assistance and/or a live in caregiver).

Supportive Housing

Supportive housing provides affordable housing designed to help seniors re-establish connections to the community. The housing is linked to voluntary and flexible support services designed to meet the senior's needs and preferences. It is designed for people who only need minimal to moderate care, such as homemaking or personal care and support, to live independently. The level of support may vary, and some support services are provided by on-site staff, while in other instances may be delivered on an outreach basis. This may include adult day programs or medical/physiotherapy clinics coming into the apartment building. Staff working in these facilities try to help seniors in their building get linked into other services offered out in their community, such as senior's centres. These staff, however are not medically trained. Some have Personal Support Workers available as well. Supportive housing buildings are owned and operated by municipal governments or non-profit groups including faith groups, seniors' organizations, service clubs, and cultural groups. Accommodations, on-site services, costs, and the availability of government subsidies vary with each building.

Accommodation costs are often based on market rent for similar apartments. Seniors wishing to live in this environment need not have a certain income level however subsidies may be available for seniors with limited financial means.

Retirement Residence

A **retirement residence** is another preferred option. Many are geared to modestly healthy and independent seniors. These rental facilities can range in price and service delivery. They typically offer dining room settings with a selection of meals provided, , exercise rooms, supervised outings and bus services. Monthly rates may also include housekeeping, linen change and laundry. Some may also have medication monitoring and emergency response units, included in the monthly rate. Alternately, medication monitoring, as well as others services may be available. Units can range from bachelor

to one or two bedrooms with some having kitchenettes that allow residents to opt out of some of the meals. Retirement residences have the benefit of having staff (typically Personal Support Workers) available to residents as well as nursing and recreation planning staff. This provides the senior and their family a feeling of security in knowing that there is always someone close by in case of emergency. These facilities often become a community unto themselves, with meals offered and activities and events pre-organized by the staff. Many even have visiting physicians and other health practitioners, and can arrange for medications to be delivered right to the resident's door.

Within many retirement communities varying levels of assistance for personal care are available and can be purchased as needed for an additional fee. Additional levels of care may be referred to as 'assisted living' which includes some hands on assistance from a Personal Support Worker for bathing and/or dressing and may include medication monitoring. If the individual requires more assistance during the day and evening, or is dealing with significant cognitive issues that result in the need for full time supervision (or a secured floor), some facilities may be able to accommodate while others would deem the senior ready to move to long term care or to require extra help from private service providers.

One of the major drawbacks to moving to a retirement setting is the need to adjust to a communal setting. In these facilities there is a set menu, a set meal time and bus trips and outings are set according to a pre planned schedule. Discussing what to expect and arranging tours of potential residences will help make the decision as to whether the facility will be the right fit. Some locations will offer trial stays so that seniors can see what daily life will be like, get to taste the food and meet other people who live there. Respite and convalescent care is also offered in many retirement residences and in some long term care facilities and may be another good way to introduce an alternate setting.

Long Term Care Facility

A **long term care facility** is available for those who require more assistance than what is offered by a retirement residence. These facilities are funded by the government so that no person who requires this level of care will be turned away for lack of funds.

These facilities have 24 hour nursing care with residents receiving help with all activities of daily living (including eating, dressing, bathing and grooming), and also have provision for laundry and housekeeping.

When staying at home is no longer ideal, consider the wide range of options that are available, and whatever option you end up choosing, in order to ensure you make an informed choice, it is always a good idea to book a tour of each facility, enjoy a lunch or dinner and speak with other residents and family members prior to making any decisions.

Remember, home is where you hang your hat, whether it's the family home of 50 years or your new suite at a retirement residence.



RESIDENTIAL CARE

COMPARING RESIDENTIAL CARE OPTIONS

Residential facilities and monthly costs vary from province to province.
This is for general information only.

	Retirement Homes	Supportive Housing	Long-Term Care Facilities
Also referred to as:	Retirement Residence, Care Home, Assisted Living, Rest Home	Non-profit housing, Social Housing, Seniors' Housing	Nursing Homes, Homes for the Aged
Levels of Care:	Individuals or couples who need light housekeeping, meals, low levels of personal care and availability of staff on a 24-hour basis, to live independently.	Individuals or couples who need daily personal care, 24-hour availability of a trained personal support worker, light meal preparation and/or homemaking to live independently.	Individuals who need higher levels of daily personal care, availability of 24-hour nursing care or supervision, and a secure environment.
Accommodation style:	Ranges from bachelor to one- or two-bedroom apartments.	Ranges from shared living to bachelor, one- or two-bedroom apartments.	Ranges from rooms with four people, to semi-private and private rooms.
Owned and managed by:	Private corporations and in a few cases, non-profit corporations.	Building management varies. Services managed by non-profit corporations.	Municipal governments, non-profit corporations or private corporations.



Comparing/Evaluating the Cost of Residential Options

When considering a move from the family home to a more supported environment, it helps to know how your living and care costs compare. This worksheet will help you to consider both your current and anticipated costs in each scenario, for a meaningful comparison.

Current Home	Monthly Cost Estimate
Rent/Mortgage/Condo Fees	\$
Taxes	\$
Groceries	\$
House/Contents Insurance	\$
Utilities (gas, hydro, water)	\$
Cable/Satellite	\$
Telephone (cell/land)	\$
Internet	\$
Housekeeping	\$
Maintenance (service plans – gas, hot water tank rental, oil, etc.)	\$
Landscaping	\$
Snow Removal	\$
Repairs (interior, exterior)	\$
Security Alarm	\$
Pet Care	\$



Current Home	Monthly Cost Estimate
Transportation (car: payments, insurance, maintenance/repairs, gas, parking; taxis, public transit)	\$
Personal Expenses	\$
Grooming (hair, esthetician, chiropody, etc.)	\$
Entertainment	\$
Memberships (fitness, social)	\$
Medical and Support Services	
Paid Personal Support Worker	\$
Nursing Care	\$
Other Therapists (occupational therapy, massage, physiotherapy)	\$
Personal Emergency Response System	\$
Medical Equipment (rental or purchase, i.e. bed, wheelchair, commode, etc.)	\$
Incontinence Products	\$
Other	\$
Other	\$
TOTAL ESTIMATED MONTHLY COST:	\$
Notes:	



Retirement Residence/ Long-Term Care	Monthly Cost Estimate
Rent	\$
Meals (additional meal plan for those not included)	\$
Tray Service	\$
Telephone (cell/land)	\$
Cable	\$
Internet	\$
Renters/Contents Insurance	\$
Personal Laundry	\$
Housekeeping	\$
Parking	\$
Other	\$
Other	\$
Medical and Support Services	
Personal Care Support Options from Retirement Residence	\$
Private-Pay Caregiver	\$
Other Therapists (occupational therapy, massage, physiotherapy)	\$
Medical Equipment Rental/Purchase	\$
Personal Expenses	\$
Grooming (hair, esthetician, chiropody, etc.)	\$



Retirement Residence/ Long-Term Care	Monthly Cost Estimate
Other	\$
Other	\$
Other	\$
TOTAL ESTIMATED MONTHLY COST:	\$
Notes:	



RESIDENTIAL OPTIONS

QUESTIONS TO CONSIDER

1) What is the reason for the move?

2) When would you like to move?

3) What geographic location(s) would you like to consider?

4) How important are the following, and are they essential or not. Please select the essential items:

- Access to public transportation
- Access to friends and family. If yes, please identify general area.
- Walking distance to shopping centres/church/other conveniences
- Cultural and/or religious affiliation
- Able to accommodate pet

5) What are your medical needs? Please identify:

6) Ability to complete Activities of Daily Living (ADLs):

- Independent
- Needs cueing
- Needs physical assistance



- Dressing
- Bathing
- Eating
- Toileting/Incontinence - bowel/bladder - is care overnight required?
- Mobility issues? Using:
 - Cane
 - Walker
 - Wheelchair
- History of Falls/Date of last fall and frequency:

7) Need for nursing care, now or in the future?

- Palliative Care?
- Dementia Care?

8) Monthly Affordability:

Recommendations: A geriatric care manager can assist in this analysis and in providing specific recommendations.



RETIREMENT TOUR NOTES

Date of Visit:

Rating: 1* - 4****

Residence Address Phone Contact	
Location	
Suite size	
Suite cost	
Meal plan (choice, taste)	
Amenities (library, theatre room, gym, pool, driver)	
Activities	
Care plan options	



Residence Address Phone Contact	
Housekeeping/ laundry	
Medication monitoring	
Availability/trial stay	
Dementia services	
Notes	



RETIREMENT RESIDENCE COMPARISON CHART

TIP: After touring several retirement residences, you can use the following chart to summarize the key highlights of each one for a side-by-side comparison.

	Retirement Residences Visited		
	Choice #1	Choice #2	Choice #3
Name of Residence			
Address			
Phone Number			
Contact Person			
Date of Tour			
Accessibility of Location			
Suite Size			
Suite Cost			



	Retirement Residences Visited		
	Choice #1	Choice #2	Choice #3
Name of Residence			
Meal Plan (choice, taste)			
Amenities (i.e. library, gym, pool, etc.)			
Activities			
Care Plan Options			
Housekeeping, Laundry			
Medication Monitoring			
Availability/Trial Stay			
Dementia Care (i.e. secure unit)			
Rating (1* - 4****)			



PALLIATIVE CARE

END OF LIFE MEDICAL AND PERSONAL EQUIPMENT LIST (Indicate if rented)

Oxygen: _____

Transfer board: _____

Shower stool: _____

Commode: _____

Urine bottle: _____

Gloves: _____

Raised Toilet Seat: _____

Incontinence Supplies: _____

Pain Pump: _____

IV Equipment: _____

Sharps Container: _____

Hospital Bed: _____

Egg Crate Mattress: _____

Additional Information:



PALLIATIVE CARE

SYMPTOM CONTROL & COMFORT MEASURES

Symptom	Control & Comfort Measures
Pain	
Nausea	
Vomiting	
Constipation	
Fatigue	
Sweats	
Weakness	
Chills	
Thrush, mouth sores	
Breathing problems	
Diarrhea	
Fever	
Skin breakdown, bed sores	
Depression	
Anxiety	
Other	



PALLIATIVE CARE

Local Hospice: _____

Contact Person: _____

Phone: _____ Email: _____

Will the patient wish to die at home if possible? YES NO

Name of palliative care physician: _____

Phone: _____ Email: _____

24-hour contact number: _____

Other members of the care team: names and contact information:

--

Wherever the patient lives in the home, is there:

Sunlight? _____

Easy access to the bathroom, rest of the home, garden?

--

Adequate room for special equipment and therapies i.e. adjustable bed, oxygen etc.?

--

Pain management information:

--



Is a DNR order in place? **YES** **NO** Location: _____

Is there an organ donor card? **YES** **NO** Location: _____

Name of minister, priest, rabbi, spiritual leader: _____

Contact information: _____

Who should be notified of the death: names/numbers:



FUNERAL, CREMATION/BURIAL ARRANGEMENTS

Record your wishes for funeral, cremation or burial proceedings. If the funeral, cremation or interment has been pre-arranged, list all details including the name and telephone number of the funeral home, agency or individual who should be contacted. If any of the above has been pre-paid, please indicate here. List any special instructions to family i.e. music preferences, clothing etc.

Location of burial plot:



Location of deed:

Is there any obituary? **YES** **NO** Location: _____

If not, who is to write one? _____

Additional Information:

 Other



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Toll-free: 1-866-473-8887
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