

Massachusetts Family Caregiver Support Program

INSTRUCTION FORM FOR SUBSTITUTE CAREGIVER

This form can be printed and used by a caregiver when leaving the family member in someone else's care.

My Loved One's Name	
Address	
City, State and Zip Code	
Phone	() --
Primary Caregiver's Name	
I will be going to:	
Address	
City, State and Zip Code	
Phone	() --
Medications and Special Instructions	

EMERGENCY PHONE NUMBERS	
Police or Fire	Call 911
Contact #1	
Work Phone	() --
Home Phone	() --
Contact #2	
Work Phone	() --
Home Phone	() --
Doctor:	() --
Hospital:	() --

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DAILY ROUTINE	
Rising Time	
Naps	
Pre-bedtime routine	
Preferred time of day for bathing	
Bath time procedures	

NATURE AND LEVELS OF ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING	
Bathing	
Toileting	
Eating	
Personal hygiene/grooming	
Walking/Locomotion	
Bed mobility	
Transferring	

PREFERENCES	
Prefers being called (Mr./Mrs. or by first name or nickname)	
Clothing preferred	
Prefers eating alone or with others	
Favorite foods	
Favorite beverages	
Food/beverage allergies or dislikes	

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HISTORY	
Family members he/she talks about and their relationship	
Important friends	
My family member has lived in the following places	
Work/volunteer experiences	
Involved in these organizations	
Religious/spiritual beliefs	
Animal likes and dislikes	
Family pets	

FAVORITES	
Colors	Song
Season	Celebrity
Flower	TV show
Movie	Radio Station
Other	Other

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PET PEEVES	
Things that upset my family member	
Things that calm him/her down	

RECENT CHANGES	
Significant recent personal changes	
Significant recent medical changes	
Significant recent family changes	

Person completing this form: _____

Date: _____