



ELDER CARE PLANNING CHECKLIST



Gentle Reminder:

Elder care planning isn't about having all the answers—it's about taking the next right step. You don't have to do this alone.



PERSONAL & DAILY LIVING

- Full legal name, date of birth, Social Security Number
- Current address and phone number
- Emergency Contacts
- Primary language & communication needs
- Daily routine (sleep, meals, preferences)
- Mobility needs (walker, cane, wheelchair, fall risk)
- Vision, hearing, or speech challenges
- Transportation needs (driving status, rides, services)



HEALTH & MEDICAL CARE

- Primary care physician contact information
- Specialists (cardiology, neurology, etc.)
- Diagnoses and chronic conditions
- Allergies (medications, food, environmental)
- Current medications (name, dosage, schedule)
- Pharmacy contact information
- Medical equipment used (oxygen, CPAP, monitors)
- Recent hospitalizations or surgeries
- Cognitive changes or memory concerns



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COGNITIVE & EMOTIONAL WELL-BEING

- Noted memory or behavioral changes
- Mood changes (anxiety, depression, withdrawal)
- Social engagement level
- Hobbies and meaningful activities
- Triggers that cause confusion or agitation
- What brings comfort and calm



LEGAL DOCUMENTS

- Living Trust, Last Will and Testament
- Durable Power of Attorney (for financial)
- Healthcare Power of Attorney (medical proxy)
- Advanced Healthcare Directive/Living Will
- HIPAA Authorization
- Guardianship or Conservatorship (if applicable)
- List of Assets, Liabilities, and Insurance policies
- Beneficiary designations (retirement accounts, life insurance)
- Funeral and Burial instructions
- Location of Documents



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FINANCIAL AND INSURANCE INFORMATION

- Health insurance details (Medicare, supplements plans)
- Long-term care insurance
- Prescription coverage
- Social Security or pension income
- Monthly expense overview
- Bank account numbers and institutions
- Financial advisor(s) contact information
- Veterans benefits (if applicable)



LIVING SITUATION AND CARE OPTIONS

- Current living arrangement (home, with family, community)
- Safety concerns in the home
- In-home support needs
- Companion care vs medical care needs
- Assisted Living or Board & Care (RCFE) consideration
- Short-term vs. long-term care goals
- Budget comfort range
- Geographic preferences



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FAMILY AND CAREGIVER SUPPORT

- Primary caregiver identification (family, friend)
- Backup caregiver plan
- Family members involved in decisions
- Caregiver stress or burnout concerns
- Communication plan for family updates
- Community or support resources needed
- Religious or church contact information



FINAL NOTES

- Personal wishes and values
- Cultural or spiritual preferences
- End-of-Life consideration
- Questions or concerns to explore further



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Notes, Questions, or Things to Come Back To

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