



The Caregiver Workbook

A complete fact sheet on your patient

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A caregiver's life is stressful and busy enough.

Use this easy, printable workbook to keep all the important information about your patient in one place: from their identifying information, to their doctors and medications, to their personal preferences and hobbies.

Using a workbook like this will help you keep all their important information on paper. This is important for caregivers, because it means you don't have to rely on your memory when you already have numerous other important tasks at hand. It also is a type of security blanket should someone else need to take over that patient's care.

Finnegan Medical Supply understands that caregivers, like all people, have a limited amount of time, energy, and memory space. We have developed these **free caregiving tools** as a way to give back and to help caregivers and their patients live their best lives.

Don't get caught without these helpful information sheets for every person you care for!



PATIENT'S INFORMATION

Full Name: _____

Address: _____

_____ Phone #: _____

Emergency Contact Information

Name: _____ Phone #: _____

Relation to Patient: _____

Address: _____

Power of Attorney Information

Name: _____ Phone #: _____

Relation to Patient: _____

Address: _____

Medical Information

Medical Diagnosis: _____

Medical History: _____



PATIENT'S PROFESSIONALS

▶ **Primary Doctor's Name:** _____

Clinic Address: _____

_____ Phone #: _____

▶ **Specialist Doctor:** _____

Specialist Address: _____

Specialist Phone #: _____

▶ **Specialist Doctor:** _____

Specialist Address: _____

Specialist Phone #: _____

▶ **Specialist Doctor:** _____

Specialist Address: _____

Specialist Phone #: _____

▶ **Adult Day Care:** _____

Contact: _____ Address: _____

Phone #: _____ Hours: _____

NOTES: _____



PATIENT'S MEDICATION

Patient's Allergies to Medicines (RX or OTC): _____

Patient's Pharmacy: _____

Refill Phone #: _____

▶ Drug Name: _____ Dosage: _____
Generic or Name-Brand? _____

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Generic or Name-Brand? _____

NOTES: _____



EXERCISE OR REHAB SCHEDULE

Days and Times: _____

Gym or Rehab Facility: _____

Address: _____

Hours: _____

PATIENT'S FOOD ALLERGIES

PATIENT'S PERSONAL PREFERENCES

Favorite Foods: _____

FAVORITE ACTIVITIES

FAVORITE TV SHOWS, BOOKS, OR MOVIES



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