



Family Caregivers Programs Serving Snohomish County



Substitute Caregivers Communication Tool: This form can be used by the primary caregiver when leaving their loved one in someone else's care

DATE:

The Basics	
My Loved One's Name	
Address	
City, State, ZIP	
Phone	
Primary caregiver's name	
Relationship to loved one	
Where the primary caregiver will be	
Address	
For how long?	
Phone number while away	
Special instructions while away	
Emergency Phone #'s Police or Fire – Call 911	
Contact #1 and relationship to loved one	
Phone	work home
Contact #2 & Relationship to loved one	
Phone	work home
Doctor / nurse name(s) & Phone numbers	
Hospital	
Daily Routine	
Rising time, and/or bedtime	
Naps	

Pre-bedtime routine	
Time of day preferred 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	
Clothing preferred	
Prefers eating alone or with others	
Favorite foods	
Favorite beverages	
Foods/beverages disliked or food allergies	
Prefers being called (i.e., "Mrs. Jones" or "Mary" or nickname)	

History	
Family members my loved one talks about and their relationship	
Important friends	
My loved one has lived in the following places (birthplace through retirement)	
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			

Pet Peeves	
Things that upset my loved one	
Things that calm him/her down	

Changes	
Recent significant personal changes	
Recent significant medical changes	