

Caregiver Plan

Patient Assistance Identification

| Activity | Able to do | Needs Help |
|----------------------|-------------------|-------------------|
| Bathing and grooming | | |
| Dressing | | |
| Toileting | | |
| Mobility | | |
| Taking Medication | | |
| Tracking Medication | | |
| Shopping | | |
| Food Preparation | | |
| Household Chores | | |
| Transportation | | |
| Child/Pet care | | |
| Misc. | | |
| Misc. | | |
| Misc. | | |

Medication List

| Name | Dose | Appearance | Doctor | Dosing Time | Used for |
|------|------|------------|--------|-------------|----------|
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Symptoms List

| Symptom | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---------------|--------|--------|---------|-----------|----------|--------|----------|
| Appetite | | | | | | | |
| Nausea | | | | | | | |
| Weight | | | | | | | |
| Fatigue | | | | | | | |
| Fever | | | | | | | |
| Concentration | | | | | | | |
| Pain | | | | | | | |
| Misc. | | | | | | | |