








Family
**Caregiver
Guide**

Name _____

Being a family caregiver can be rewarding, but it can also be challenging. It takes work and there are a lot of things to keep up with.

We've created the *Florida Blue Family Caregiver Guide* to help you keep track of your loved one's information.

This guide contains resources to help you:

-  **Organize contact information**
-  **Record medical concerns**
-  **Track medications**
-  **Conduct safety inspections**
-  **Log daily care routines**

We recommend you assign a single caregiver to update information and share with others so you always know the information is up to date.



What is a Caregiver?

A caregiver is a person who provides needed help to an aging or ill loved one. Caregivers may supply emotional support, physical assistance, financial assistance and many other types of care.

How to use this guide

This easy-to-use guide gives you a place to record important information and keep it close at hand.

Inside, you'll find forms you can complete online and easily update as things change.

We recommend that you keep this document in a secure place, because it contains personal information. Just make sure it's readily accessible when you need it.



Caring for more than one loved one?

Complete a guide for each person and keep track of their personal information separately.

Tips for Saving and Accessing Your Completed Guide:



If you complete the guide online, you can download and save it as a PDF for access from anywhere. Save a copy on your smartphone, tablet or in a file-sharing cloud service for real-time access any time.

**Don't want to complete the information online?
Just print and fill out the forms by hand instead.**



Download Acrobat for Mobile
<https://acrobat.adobe.com/us/en/mobile/acrobat-reader.html>



Sharing the family caregiver role? Share the guide with others by sending it to them as a file or giving them a printed copy.



To avoid confusion, we recommend you assign a single caregiver to update information and share with others so you always know the information is up to date.

Table of Contents

SECTION 1	Important Phone Numbers	5-9
SECTION 2	Health Insurance Information	10-11
SECTION 3	Medical Information	12-17
SECTION 4	Medications	18-24
SECTION 5	Provider Information	25-27
SECTION 6	Routines and Activities	28-29
SECTION 7	Wellness Tracking	30-31
SECTION 8	Safety	32-34
SECTION 9	Elder Care Services	35-37
SECTION 10	Managing Your Loved One's Diet	38-40
SECTION 11	Notes	41-51



If there is a serious health situation, I need to remember these things:

1. _____
2. _____
3. _____



SECTION 1

Important Phone Numbers

Be Prepared! Have key health care providers, support resources and emergency numbers available.

Important Phone Numbers

Family

Name		
Relationship		
Address		
City	State	Zipcode
Phone Number	Email	

Name		
Relationship		
Address		
City	State	Zipcode
Phone Number	Email	

Name		
Relationship		
Address		
City	State	Zipcode
Phone Number	Email	

Name		
Relationship		
Address		
City	State	Zipcode
Phone Number	Email	

Name		
Relationship		
Address		
City	State	Zipcode
Phone Number	Email	

Name		
Relationship		
Address		
City	State	Zipcode
Phone Number	Email	

Important Phone Numbers *(continued)*

Friends

Name			
Address			
City	State	Zipcode	
Phone Number		Email	

Address			
Address			
City	State	Zipcode	
Phone Number		Email	

Name			
Address			
City	State	Zipcode	
Phone Number		Email	

Name			
Address			
City	State	Zipcode	
Phone Number		Email	

Neighbors

Name			
Address			
City	State	Zipcode	
Phone Number		Email	

Address			
Address			
City	State	Zipcode	
Phone Number		Email	

Important Phone Numbers *(continued)*

Doctors

Name	Condition	
Phone		
Address		
City	State	Zipcode

Name	Condition	
Phone		
Address		
City	State	Zipcode

Name	Condition	
Phone		
Address		
City	State	Zipcode

Name	Condition	
Phone		
Address		
City	State	Zipcode

Preferred Hospital

Name	Condition	
Phone		
Address		
City	State	Zipcode

Name	Condition	
Phone		
Address		
City	State	Zipcode

Important Phone Numbers *(continued)*

Non-911 Emergency Services

Name
Phone
Notes

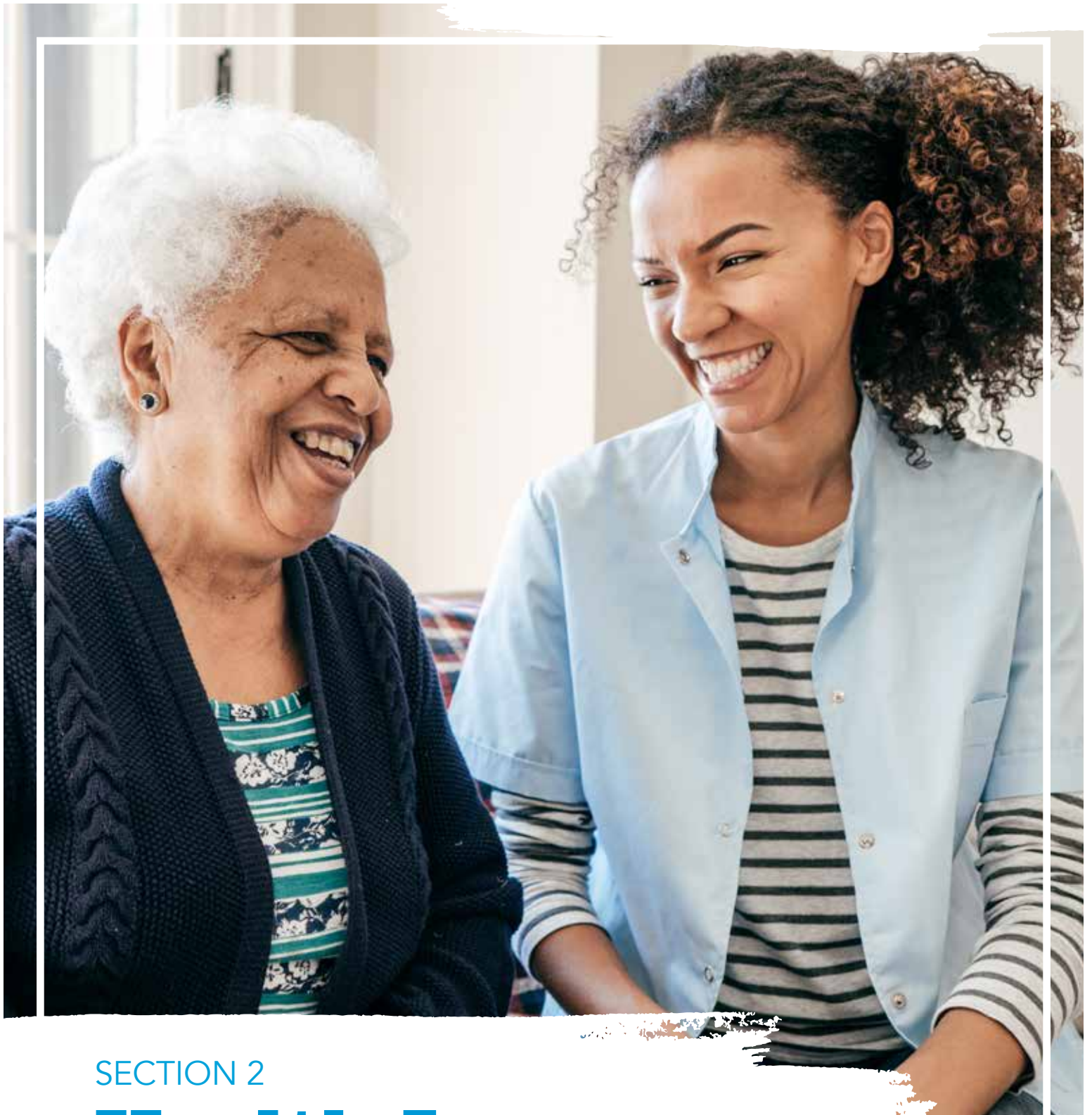
Name
Phone
Notes

Preferred Pharmacy

Name	Condition	
Phone		
Address		
City	State	Zipcode

Name	Condition	
Phone		
Address		
City	State	Zipcode





SECTION 2

Health Insurance Information

Record your loved one's health insurance plan and coverage information in one place for easy access.

Health Insurance Information

Medicare

Website https://www.cms.gov/Medicare/Medicare.html	Member Number
--	---------------

Health Insurance

Name	Phone	Website
Member Name	Plan Name	<input type="radio"/> Medicare Advantage <input type="radio"/> Medicare Advantage Rx <input type="radio"/> Medicare Supplement

Other Health Insurance

Contact Information

Name	Phone	Website
Member Name	Plan Name	Plan Name

Dental Insurance

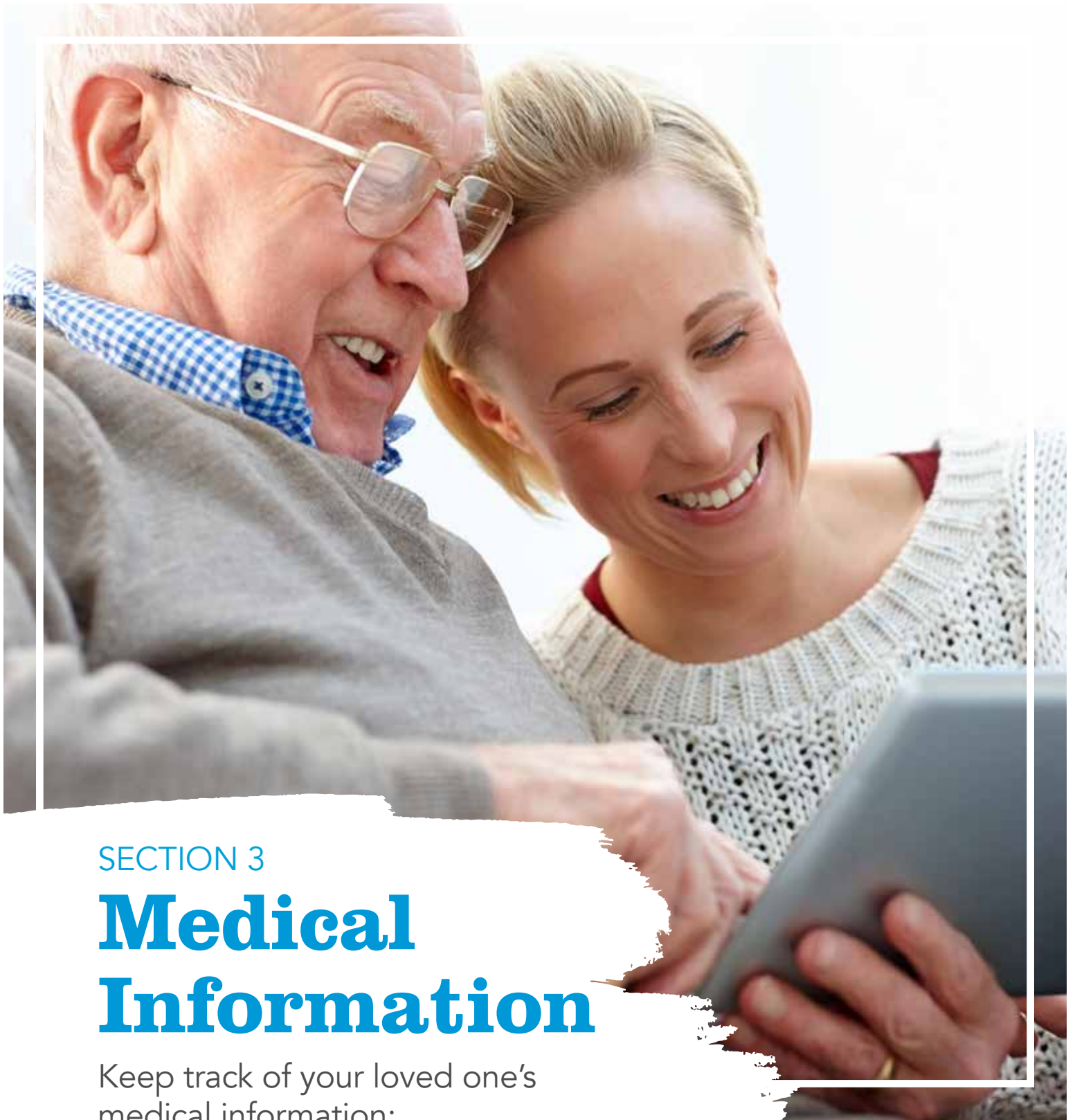
Contact Information

Name	Phone	Website
Member Name	Plan Name	Plan Name

Vision Insurance

Contact Information




Name	Phone	Website
Member Name	Plan Name	Plan Name



SECTION 3

Medical Information

Keep track of your loved one's
medical information:

-  Health conditions
-  Procedures and hospitalizations
-  Medicines and allergies

Medical Information

Medical Conditions and Health Issues

Condition/Issue	Date Started ____/____/____
Symptoms	Treatments
Notes	

Condition/Issue	Date Started ____/____/____
Symptoms	Treatments
Notes	

Condition/Issue	Date Started ____/____/____
Symptoms	Treatments
Notes	

Condition/Issue	Date Started ____/____/____
Symptoms	Treatments
Notes	

Medical Information *(continued)*

Medical Conditions and Health Issues

Condition/Issue	Date Started ____/____/____
Symptoms	Treatments
Notes	

Condition/Issue	Date Started ____/____/____
Symptoms	Treatments
Notes	

Condition/Issue	Date Started ____/____/____
Symptoms	Treatments
Notes	

Condition/Issue	Date Started ____/____/____
Symptoms	Treatments
Notes	



Did you include dental, vision and hearing concerns?

Mental health conditions are also important to track, so don't leave them off the list.

Medical Information *(continued)*

Medical Procedure History

List all procedures — including dental and any surgeries.

Procedure	Reason	Date Started ____/____/____
Hospital/Facility		Doctor

Procedure	Reason	Date Started ____/____/____
Hospital/Facility		Doctor

Procedure	Reason	Date Started ____/____/____
Hospital/Facility		Doctor

Procedure	Reason	Date Started ____/____/____
Hospital/Facility		Doctor

Procedure	Reason	Date Started ____/____/____
Hospital/Facility		Doctor

Procedure	Reason	Date Started ____/____/____
Hospital/Facility		Doctor

Medical Information *(continued)*

Hospitalization History

Procedure	Reason	Date Started ____/____/____
Hospital/Facility		Doctor

Procedure	Reason	Date Started ____/____/____
Hospital/Facility		Doctor

Procedure	Reason	Date Started ____/____/____
Hospital/Facility		Doctor

Procedure	Reason	Date Started ____/____/____
Hospital/Facility		Doctor

Procedure	Reason	Date Started ____/____/____
Hospital/Facility		Doctor

Procedure	Reason	Date Started ____/____/____
Hospital/Facility		Doctor

Medical Information

(continued)

Does your loved one use medical equipment for safety or mobility?

Keep track of them here.

Bathroom

- Elevated toilet seat
- Toilet safety frame
- Shower bench
- Tub transfer bench
- Grab bars
- Other

Mobility

- Cane
- Walker
- Wheelchair
- Scooters/electric wheelchair
- Other

Bedroom

- Hospital bed
- Bedside commode
- Bedpan/urinal
- Other



Transferring

- Lift chair
- Floor to ceiling transfer pole
- Hoyer lift
- Other

General Safety




- Personal emergency response systems
(These are systems that provide a button transmitter, usually worn as a neck pendant or wristband, which when pushed connects the user to a 24 hour per day call center.)
- Other
- Other



SECTION 4

Medications

Keep track of your loved one's medications.

-  Prescription Drugs
-  Over-the-Counter Medications
-  Vitamins and Supplements

Medications

Prescription Drugs

Drug Name	Related Condition	Prescribing Doctor
Dose & Frequency	Pharmacy Name	Pharmacy Phone
Last Refill Date ____/____/____	Next Refill Date ____/____/____	
Reactions	Effectiveness	
Notes		

Drug Name	Related Condition	Prescribing Doctor
Dose & Frequency	Pharmacy Name	Pharmacy Phone
Last Refill Date ____/____/____	Next Refill Date ____/____/____	
Reactions	Effectiveness	
Notes		

Drug Name	Related Condition	Prescribing Doctor
Dose & Frequency	Pharmacy Name	Pharmacy Phone
Last Refill Date ____/____/____	Next Refill Date ____/____/____	
Reactions	Effectiveness	
Notes		

Medications *(continued)*

Prescription Drugs *(continued)*

Drug Name	Related Condition	Prescribing Doctor
Dose & Frequency	Pharmacy Name	Pharmacy Phone
Last Refill Date ____/____/____	Next Refill Date ____/____/____	
Reactions	Effectiveness	
Notes		

Drug Name	Related Condition	Prescribing Doctor
Dose & Frequency	Pharmacy Name	Pharmacy Phone
Last Refill Date ____/____/____	Next Refill Date ____/____/____	
Reactions	Effectiveness	
Notes		

Drug Name	Related Condition	Prescribing Doctor
Dose & Frequency	Pharmacy Name	Pharmacy Phone
Last Refill Date ____/____/____	Next Refill Date ____/____/____	
Reactions	Effectiveness	
Notes		

Medications *(continued)*

Prescription Drugs *(continued)*

Drug Name	Related Condition	Prescribing Doctor
Dose & Frequency	Pharmacy Name	Pharmacy Phone
Last Refill Date ____/____/____	Next Refill Date ____/____/____	
Reactions	Effectiveness	
Notes		

Drug Name	Related Condition	Prescribing Doctor
Dose & Frequency	Pharmacy Name	Pharmacy Phone
Last Refill Date ____/____/____	Next Refill Date ____/____/____	
Reactions	Effectiveness	
Notes		

Drug Name	Related Condition	Prescribing Doctor
Dose & Frequency	Pharmacy Name	Pharmacy Phone
Last Refill Date ____/____/____	Next Refill Date ____/____/____	
Reactions	Effectiveness	
Notes		

Medications *(continued)*

Over-the-Counter

Medicine Name		Related Condition	
Dose & Frequency	Reactions		Effectiveness
Notes			

Medicine Name		Related Condition	
Dose & Frequency	Reactions		Effectiveness
Notes			

Medicine Name		Related Condition	
Dose & Frequency	Reactions		Effectiveness
Notes			

Medicine Name		Related Condition	
Dose & Frequency	Reactions		Effectiveness
Notes			

Medicine Name		Related Condition	
Dose & Frequency	Reactions		Effectiveness
Notes			

Medications *(continued)*

Vitamins and Supplements

Vitamin Name		Related Condition	
Dose & Frequency	Reactions		Effectiveness
Notes			

Vitamin Name		Related Condition	
Dose & Frequency	Reactions		Effectiveness
Notes			

Vitamin Name		Related Condition	
Dose & Frequency	Reactions		Effectiveness
Notes			

Vitamin Name		Related Condition	
Dose & Frequency	Reactions		Effectiveness
Notes			

Vitamin Name		Related Condition	
Dose & Frequency	Reactions		Effectiveness
Notes			

Medications

(continued)

See if your loved one is eligible for PillPack.



Tip: Get a pill organizer you can load once a week to minimize confusion.

Daily Medication Schedule

Medication	Dose	Precautions	Morning	Midday	Evening	Bedtime

Medication Allergies

Medication	Reaction



SECTION 5

Provider Information

Keep track of your loved one's
medical care community:

-  Doctors
-  Hospitals
-  Urgent Care

Provider Information *(continued)*

Hospitals

Name	Phone Number	Address

Clinics

Name	Phone Number	Address

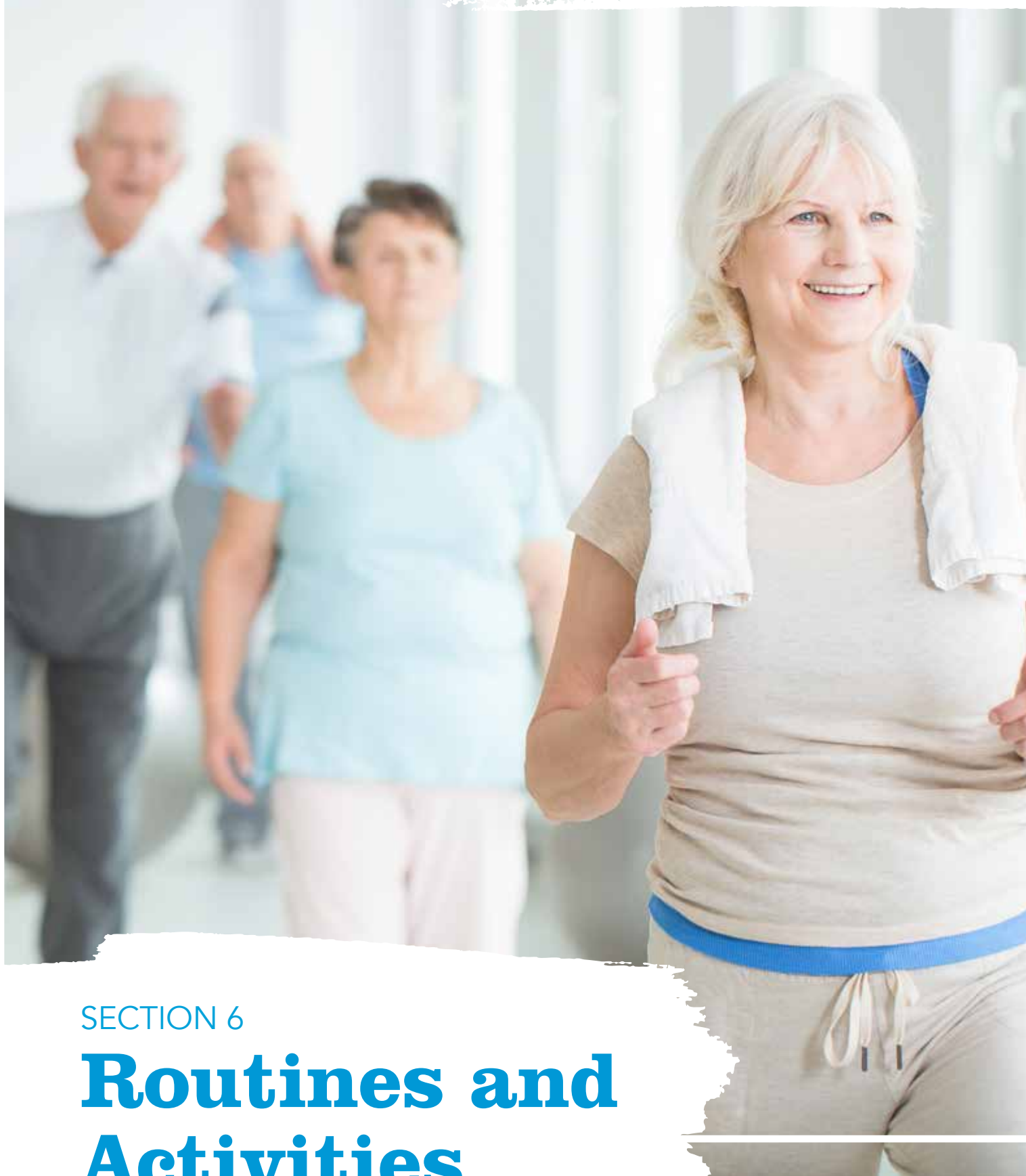


Closest Florida Blue Center

To find your closest center visit floridablue.com/find-a-floridablue-center

Address

Phone Number



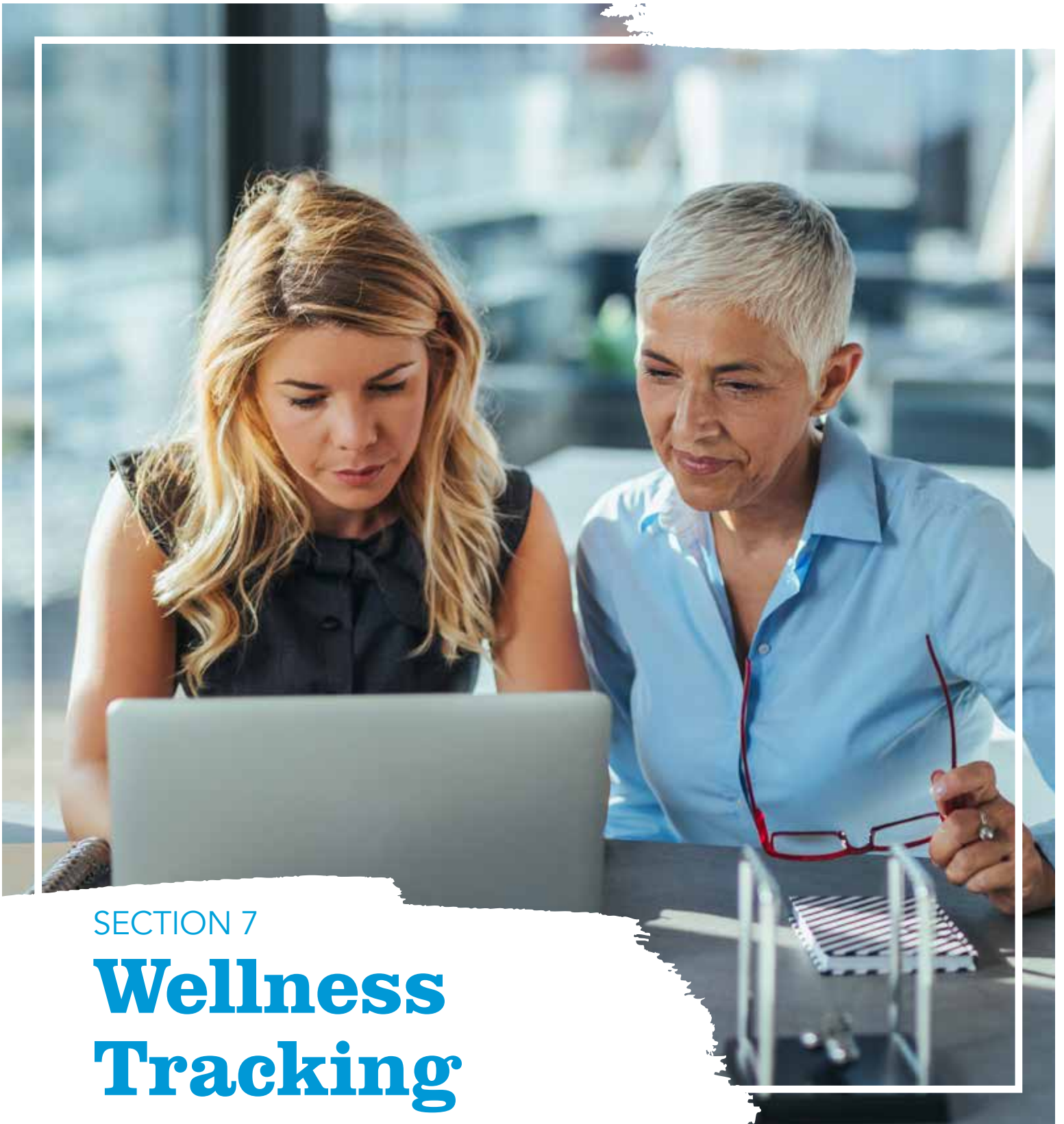
SECTION 6

Routines and Activities

Keep track of your loved one's social activities and wellness routines.

Routines and Activities

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Activity Location							
Activity Location							
Activity Location							
Activity Location							
Activity Location							
Activity Location							
Activity Location							
Activity Location							



SECTION 7

Wellness Tracking

Be aware of over-65 preventive screening and immunization recommendations and track your loved one's information.

Always consult your loved one's doctor for the best course of action.

Wellness Tracking

Preventive Screenings and Guidance for Seniors

Routine Health Guide

Annual Wellness and Routine Checkup	Annually
Welcome to Medicare Preventive Visit	Once per lifetime, within 12 months of first having Medicare Part B coverage
Obesity Screening: Diet/Physical Activity/BMI Counseling	Annually
Vision Exam, Glaucoma Screening and Dental Exam	Annually

Recommended Diagnostic Checkups & Screenings for At-Risk Patients




Abdominal Aortic Aneurysm (AAA) Check	One-time screening in a lifetime: Discuss with your doctor*
Lung Cancer Screening and Counseling	Annually for ages 55–80; with a 30-pack per year smoker history, current smoker or those who have quit smoking within the past 15 years
High Blood Pressure (hypertension)	Annually
Diabetic Screening, Blood Sugar, Hemoglobin A1C, Retinal Eye Exam, Kidney Function, Blood Pressure	Annually
Osteoporosis	Every 24 months or more often if medically necessary, discuss with your doctor
Colorectal Cancer Screening and Counseling**	Ages 50–75; Screening Colonoscopy every 10 years, FOBT (Fecal occult blood test) every year or FIT-DNA every 2 years, CT colonography every 5 years or Sigmoidoscopy every 5 years
HIV and other Sexually Transmitted Infections (STIs) Screening & Counseling	Annually; discuss with your doctor
Cholesterol Screening	Once every 5 years; more frequently if at risk; discuss with your doctor.
Prostate Cancer Screening (Men only)	Discuss with your doctor
Mammogram (Women only)	Once every 5 years; more frequently if at risk; discuss with your doctor
Pap Test/Pelvic Exam (Women only)	Once every 5 years; more frequently if at risk; discuss with your doctor
Skin Cancer Screening. Early detection of cutaneous melanoma, basal cell cancer, or squamous cell skin cancer in the adult general population.	Discuss with your doctor
Hearing Test	Discuss with your doctor



SECTION 8

Safety

Take basic steps to ensure your loved one's safety with:

-  Fall Prevention Checks
-  Medicine Safety
-  Home Safety Assessments



Safety

Fall Prevention Checklist

Floors

- Is furniture blocking or impeding path?
- Are throw rugs fastened with double-sided tape or do they have non-slip backing?
- Is there clutter on the floor that may cause trips and falls?
- Are wires or cords crossing walkways?

Stairs & Steps

- Do stairways have bright lighting and working lightbulbs?
- Is carpet on steps firmly attached?
- Are handrails available on both sides of stairs?
- Are handrails securely fastened?
- Is there clutter on stairs?
- Are light switches available at both top and bottom of staircase?

Kitchen

- Are regularly used items on low, easy-to-access shelves (waist level)?
- If a step stool is available, is it steady and are there handles to hold onto?

Bathroom

- Is there a non-slip mat or strips on the tub or shower floor?
- Are grab bars available in the tub, shower or next to the toilet?

Bedroom

- Is there a light near the bed in an easy-to-reach location?
- Is there a lighted path from the bed to the bathroom?

Safety *(continued)*

Home Safety Checklist

- Ensure furniture is not resting on electric cords, leading to damage and fire/shock hazards.
- Ensure cords out from underneath furniture and rugs.
- Ensure cords are not attached to walls by nails or staples.
- Inspect electrical cords to ensure they are in good condition and not frayed or cracked.
- Ensure extension cords are not overloaded.
- Test smoke detectors to ensure they are working properly, and change batteries regularly.
- Ensure all outlets and switches have cover plates and wiring is not exposed.
- Ensure portable heaters are out of walkways, in locations where they can't be knocked over and away from flammable materials such as curtains or rugs.
- Ensure your loved one knows all the exit routes, and that they are free of clutter, in case of fire or emergency. Practice them regularly.
- Ensure towels, curtains and other flammable items are located away from the cooking range.
- Ensure cooking areas are well-lit to prevent burns or cuts.
- Check window and door locks to ensure they are functioning and easy to open.









SECTION 9

Elder Care Services

Whether work and family make demands, or you simply need to spend some time alone, you can't always be there. Track resources available to help support your loved one.

-  Elder Care Services
-  Family & Community Support
-  Transportation & Meals
-  Social Activities

Elder Care Services

Service Providers

Name	Contact Information	Services Available

Family

Name	Contact Information	Availability

Meal Programs

Name	Contact Information	Schedule

Elder Care Services *(continued)*

Social Activities

Activity Name	Contact Information	Schedule

Transportation

Name	Contact Information

Department of Health and Human Services Elder Care Locator



1-800-677-1116



eldercare.gov

Use the Elder Care Locator to find the local area agency on aging for any area of the country, by zip code. The local area agency on aging can help you locate local medical equipment providers and personal emergency response system providers.







SECTION 10

Managing Your Loved One's Diet

Keep track of diet and nutrition plans:

-  Dietary goals
-  Food allergies and preferences

Managing your loved one's diet



Foods to Avoid:

Foods to Increase:



When Possible, Offer Choices.

Giving your loved one choices maintains their sense of independence. Whenever possible, give your loved one a chance to choose what to eat.

Managing your loved one's diet

(continued)

Food Preferences:

Food Dislikes:

Food Sensitivities/Allergies:

Sensitivities/Allergies	Reactions



SECTION 11

Notes

Whether recording caregiver activities and concerns or doctor's appointment outcomes, use this space to collect your thoughts and use as a reference.

Notes

Caregiver's Notes:

Date	Notes	Special Concerns
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		

Notes

Caregiver's Notes:

Date	Notes	Special Concerns
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		

Notes

Caregiver's Notes:

Date	Notes	Special Concerns
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		
____/____/____		

Notes

Doctor's Appointment Notes

Appointment Overview:		
Date ____/____/____	Doctor	
Tests Ordered	Test Results	Diagnosis
Talked to the Doctor About/Instructions		

Appointment Overview:		
Date ____/____/____	Doctor	
Tests Ordered	Test Results	Diagnosis
Talked to the Doctor About/Instructions		

Appointment Overview:		
Date ____/____/____	Doctor	
Tests Ordered	Test Results	Diagnosis
Talked to the Doctor About/Instructions		

Notes

Doctor's Appointment Notes *(continued)*

Appointment Overview:		
Date ____/____/____	Doctor	
Tests Ordered	Test Results	Diagnosis
Talked to the Doctor About/Instructions		

Appointment Overview:		
Date ____/____/____	Doctor	
Tests Ordered	Test Results	Diagnosis
Talked to the Doctor About/Instructions		

Appointment Overview:		
Date ____/____/____	Doctor	
Tests Ordered	Test Results	Diagnosis
Talked to the Doctor About/Instructions		

Notes

Doctor's Appointment Notes *(continued)*

Appointment Overview:		
Date ____/____/____	Doctor	
Tests Ordered	Test Results	Diagnosis
Talked to the Doctor About/Instructions		

Appointment Overview:		
Date ____/____/____	Doctor	
Tests Ordered	Test Results	Diagnosis
Talked to the Doctor About/Instructions		

Appointment Overview:		
Date ____/____/____	Doctor	
Tests Ordered	Test Results	Diagnosis
Talked to the Doctor About/Instructions		

Notes

Doctor's Appointment Notes *(continued)*

Appointment Overview:		
Date ____/____/____	Doctor	
Tests Ordered	Test Results	Diagnosis
Talked to the Doctor About/Instructions		

Appointment Overview:		
Date ____/____/____	Doctor	
Tests Ordered	Test Results	Diagnosis
Talked to the Doctor About/Instructions		

Appointment Overview:		
Date ____/____/____	Doctor	
Tests Ordered	Test Results	Diagnosis
Talked to the Doctor About/Instructions		



floridablue.com/medicare

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