

# The Caregiver's Notebook



## A Guide for Organizing and Record Keeping



Dear Caregiver,

Welcome to the Springwell Caregiver's Notebook!

The goal of this Notebook is to have a central place for you to record and document the important aspects of your loved one's care. This includes:

- Critical At A Glance Information
- A Calendar for Schedule Tracking
- Care Providers
- Daily Routine and Care information
- Medication Information
- Health Information and Medical Events
- Medical Professional Contacts

Because it is easy to forget details from conversations and important next steps, we have included a Call Log section for tracking telephone calls and notes from medical appointments.

We have also included a section for legal, financial and insurance information. Since this information is confidential, we suggest the section be removed and stored in a safe place.

The Notebook is intended to be comprehensive. Some sections may not be immediately relevant. As you fill it in, it will help you be prepared when the need for the information arises.

Since information changes, use a pencil when filling out some of the forms (e.g., Medications). For your convenience, extra copies of the forms are available to download from our website, [www.springwell.com](http://www.springwell.com).

Our telephone number and website is included on every page. Please call us with your questions and concerns. We are here to help you on your caregiving journey.



**Questions? Call us at 617-926-4100 (TTY 617-923-1562) or visit us on the web:**  
[www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

## Making the most of this Organizational Tool

There is no question that filling out each line in this book can feel overwhelming. Because it was designed to be a launching point for being a better informed and organized Caregiver, it covers a wide range of information and details. Keep in mind you don't need to complete every line in each section. Use this as your framework for gathering and organizing information.

Here are some tips on how to make the most of this Notebook:

- Pace yourself by choosing the pages and sections that are most relevant now, and start there.
- As much as possible, involve your loved one in completing the information. It will provide the opportunity for discussion and may also provide a sense of control during a time when control may seem fleeting to them.
- As with caregiving, don't 'go it alone'. Enlist family members and others close to the elder to help complete a page or an entire section.
- Since this tool is a 3 ring binder, you can customize it. Rearrange the sections to fit your organizational style. Decide which sections you want to have at the ready, which sections should stay at the elder's home and which sections should be removed to be stored in a safe place.
- To make certain pages portable, we suggest removing and storing them in a separate "travel" binder.
- Photocopy important papers to put into the binder while keeping the original in a safe place.
- Use colored Post-It Note flags to alert a family member, friend or other caregiver on any important changes or additions in the Notebook.
- Don't limit the use of the Calendar to remembering medical appointments. Use it as a tracking system for calls to make, medication changes, when a prescription needs to be refilled, etc.
- Gathering financial information can be a daunting task. Collecting one month's worth of mail will give you a snapshot of existing bills and financial statements (except for those that come quarterly). The most recent tax return is another good source of financial information. Remember, it is always best to ask permission to access any type of financial records.
- Most importantly, use the Springwell Caregiver Program as your caregiving resource. A Caregiver Advisor can guide you on personalizing this tool to fit your caregiving needs. If you need suggestions on how to gather important information or broach a subject with a loved one, call us. A Caregiver Advisor is available to speak to in person as well as by phone and email to provide you with information and resources.



**Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)**

© 2008 Springwell, Inc. All Rights Reserved.



## **Notebook Contents**

### **Section 1 - At A Glance**

- Critical Information
- Emergency Room Checklist
- Person(s) able to make Legal, Financial & Medical decisions in Elder's Stead
- Home Emergency Information
- Important Personal Contacts
- Monthly Schedule Tracking Calendar

### **Section 2 - Care Providers**

- Caregiver Information
- Professional Service Providers
- About the Elder
- Elder's Self Care Abilities and Needs
- Daily Activity Log

### **Section 3 - Medical**

- Medication and Pharmacy Information
- Health Log
- Medical Information
- Important Medical Events
- Important Tests
- Physicians and Specialists

### **Section 4 - Call Log/Visit Notes**

- Call Log
- Upcoming Doctor Visit Notes

### **Section 5 - Legal, Financial and End of Life – Important Information**

- Location of Key Documents and Important Papers
- Legal, Investment and Accounting Contacts
- Insurance (non-medical) Information and Contacts
- Banking Information
- Income, Expenses and Net Worth
- Monthly and Quarterly Bills
- End of Life Instructions

#### **Resources and Notes**

- Resources
- Notes



**Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)**

## Critical Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Contact

Name	Name
Relationship	Relationship
Contact Instructions	Contact Instructions
Home Ph	Home Ph
Work Ph	Work Ph
Cell Ph	Cell Ph

### Nearest Relative, Friend/Neighbor

### Special Health/Medical Conditions and Instructions

---

---

---

### Known Allergies

Medications \_\_\_\_\_ Food \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_ Daily Fluid Intake \_\_\_\_\_

**Baseline:** Blood Pressure \_\_\_\_\_ Blood Sugar \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_

### Medical Care

Primary Care Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital \_\_\_\_\_ Phone # \_\_\_\_\_

Specialty Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

### Health Insurance

Primary Plan \_\_\_\_\_ ID/Subscriber # \_\_\_\_\_ Phone # \_\_\_\_\_

Supplemental \_\_\_\_\_ ID/Subscriber # \_\_\_\_\_ Phone # \_\_\_\_\_

### Declared Emergency Medical Instructions

*Include the name and location of any written documentation of emergency care wishes. For example, Physician signed Do Not Resuscitate (DNR) order, Health Care Proxy/Advanced Directive, or "File of Life".*

Document Name \_\_\_\_\_ Location \_\_\_\_\_

Health Care Agent \_\_\_\_\_ Relationship \_\_\_\_\_

Contact #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### Other Important Information

*Note anything an outsider should be aware of including information about hearing, vision, memory, balance, walking, getting in/out of a chair or car, etc. If the elder has a Personal Emergency Response Service (i.e., Lifeline), note where the activation button is located.*

---

---

---

---



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

## Emergency Room Checklist

### Items to bring with you:

- ✓ Medical Insurance Cards
- ✓ List of telephone and contact information on all doctors and health care providers (Primary Care, Specialists, Home Health providers)
- ✓ List of all medications including over the counter, prescriptions and any supplements
- ✓ Assistive/Adaptive devices such as hearing aides, glasses, dentures, cane or walker
- ✓ Comfortable clothing (ideally without metal fasteners/zippers in case MRI or CT is needed), nightgown/pajamas, warm socks and slippers
- ✓ List of telephone numbers of close family members, friends and neighbors
- ✓ Other: \_\_\_\_\_

### Notify (family members, neighbors, friends):

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_

### Services to suspend/cancel:

	Telephone # and/or Website
Newspaper	_____
Mail delivery	_____
Meal/Food delivery	_____
In Home Services	_____
Cleaning	_____
Home Health Care	_____
Other:	_____
Other:	_____

**Note: Check calendar to see if there are appointments that need to be canceled**

---

---

---



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Person(s) able to make Medical, Legal and Financial Decisions in Elder's Stead

### Health Care Proxy/Agent

*Person authorized to make decisions on medical treatment in the event of mental incapacity*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Email address \_\_\_\_\_

Contact Instructions \_\_\_\_\_

Document on file with Physician (s):

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Physician signed Do Not Resuscitate (DNR) Order on File? ☐ Yes ☐ No

*DNR Order states there be no medical intervention to restore cardiac or respiratory function should either fail.*

### Power of Attorney (POA) Durable? ☐ Yes ☐ No

*POA – Legal authorization to handle the personal and financial affairs of another.*

*Durable POA- Remains in effect in the event of mental incapacity.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Email address \_\_\_\_\_

Contact Instructions \_\_\_\_\_

Document location \_\_\_\_\_

### Conservator or Representative Payee

*Conservator – Court appointed person to handle the financial affairs of one deemed mentally incompetent.*

*Representative Payee – Person authorized to receive an elder's Social Security check for bill paying purposes.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Email address \_\_\_\_\_

Contact Instructions \_\_\_\_\_

Document on file with \_\_\_\_\_

### Guardian

*Court appointed person to handle the personal and financial matters of one deemed mentally incompetent.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Email address \_\_\_\_\_

Contact Instructions \_\_\_\_\_

Document on file with \_\_\_\_\_



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Home Emergency Information

Address \_\_\_\_\_ Apt# \_\_\_\_\_ Phone # \_\_\_\_\_

Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Property Manager \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Neighbor \_\_\_\_\_ Phone # \_\_\_\_\_

Police \_\_\_\_\_ Fire \_\_\_\_\_ Ambulance \_\_\_\_\_

Fire Extinguisher Location \_\_\_\_\_ Flashlight \_\_\_\_\_

Alarm Company \_\_\_\_\_ Code Clue \_\_\_\_\_

Special Instructions \_\_\_\_\_

Circuit Breaker/Fuse Box Location \_\_\_\_\_

Water Valve Shut Off \_\_\_\_\_

### Home Maintenance

Plumber \_\_\_\_\_ Phone # \_\_\_\_\_

Electrician \_\_\_\_\_ Phone # \_\_\_\_\_

A/C Heating \_\_\_\_\_ Phone # \_\_\_\_\_

Handy/Repair Person \_\_\_\_\_ Phone # \_\_\_\_\_

Snow Removal \_\_\_\_\_ Phone # \_\_\_\_\_

Gardener/Landscaper \_\_\_\_\_ Phone # \_\_\_\_\_

Other \_\_\_\_\_ Phone # \_\_\_\_\_

### Utility Companies

Service	Company Name	Phone #	Account #
Electric	_____	_____	_____
Gas/Propane	_____	_____	_____
Oil	_____	_____	_____
Telephone	_____	_____	_____
Cable/Internet	_____	_____	_____
Other	_____	_____	_____



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Important Personal Contacts

*For important correspondence, list important personal contacts such as relatives, neighbors, and friends (former classmates, co-workers, etc). "If something happened and you were in the hospital, who would you want me to call?"*

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Email \_\_\_\_\_



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

Month \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/To Do \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Caregiver Information

### Primary Caregiver

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Email \_\_\_\_\_  
Visits via \_\_\_\_\_ In Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Frequency of visits \_\_\_\_\_

#### Assistance Provided:

- |   |           |           |                |
|---|-----------|-----------|----------------|
| <input type="checkbox"/> Personal Care                |           |           |                |
| <input type="checkbox"/> Medication                   | Set up    | Prompting | Administration |
| <input type="checkbox"/> Meal Prep.                   | Breakfast | Lunch     | Dinner         |
| <input type="checkbox"/> Shopping                     |           |           |                |
| <input type="checkbox"/> Transportation               |           |           |                |
| <input type="checkbox"/> Medical Appointments         |           |           |                |
| <input type="checkbox"/> Bill Paying/Money Management |           |           |                |

### Other Informal (unpaid) Caregivers

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Email \_\_\_\_\_  
Visits via \_\_\_\_\_ In Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Frequency of visits \_\_\_\_\_

#### Assistance Provided:

- |   |           |           |                |
|---|-----------|-----------|----------------|
| <input type="checkbox"/> Personal Care                |           |           |                |
| <input type="checkbox"/> Medication                   | Set up    | Prompting | Administration |
| <input type="checkbox"/> Meal Prep.                   | Breakfast | Lunch     | Dinner         |
| <input type="checkbox"/> Shopping                     |           |           |                |
| <input type="checkbox"/> Transportation               |           |           |                |
| <input type="checkbox"/> Medical Appointments         |           |           |                |
| <input type="checkbox"/> Bill Paying/Money Management |           |           |                |

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Email \_\_\_\_\_  
Visits via \_\_\_\_\_ In Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Frequency of visits \_\_\_\_\_

#### Assistance Provided:

- |   |           |           |                |
|---|-----------|-----------|----------------|
| <input type="checkbox"/> Personal Care                |           |           |                |
| <input type="checkbox"/> Medication                   | Set up    | Prompting | Administration |
| <input type="checkbox"/> Meal Prep.                   | Breakfast | Lunch     | Dinner         |
| <input type="checkbox"/> Shopping                     |           |           |                |
| <input type="checkbox"/> Transportation               |           |           |                |
| <input type="checkbox"/> Medical Appointments         |           |           |                |
| <input type="checkbox"/> Bill Paying/Money Management |           |           |                |

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Email \_\_\_\_\_  
Visits via \_\_\_\_\_ In Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Frequency of visits \_\_\_\_\_

#### Assistance Provided:

- |   |           |           |                |
|---|-----------|-----------|----------------|
| <input type="checkbox"/> Personal Care                |           |           |                |
| <input type="checkbox"/> Medication                   | Set up    | Prompting | Administration |
| <input type="checkbox"/> Meal Prep.                   | Breakfast | Lunch     | Dinner         |
| <input type="checkbox"/> Shopping                     |           |           |                |
| <input type="checkbox"/> Transportation               |           |           |                |
| <input type="checkbox"/> Medical Appointments         |           |           |                |
| <input type="checkbox"/> Bill Paying/Money Management |           |           |                |

### Religious/Cultural Organization

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Contact \_\_\_\_\_  
Frequency of visits \_\_\_\_\_ Visits ☐ In Person ☐ By Phone  
Assistance provided \_\_\_\_\_



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Detailed Caregiver Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Contact Instructions \_\_\_\_\_ Email \_\_\_\_\_

### Visits via

- ☐ In Person
- ☐ Phone
- ☐ Email

### How Often

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Type of Assistance Provided

#### Personal Care

- ☐ Bathing
- ☐ Dressing
- ☐ Grooming (hair, teeth)
- ☐ Walking/Mobility
- ☐ Lifting/Transferring
- ☐ Toileting
- ☐ Eating

### Frequency of Assistance/Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Medications

- ☐ Setting up pill box
- ☐ Prompting to take
- ☐ Helping to take

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Household Management

- ☐ Meal Preparation
- ☐ Food Shopping
- ☐ Light Housework
- ☐ Laundry

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Personal Management

- ☐ Transportation
- ☐ Shopping/Errands
- ☐ Medical Appointments
- ☐ Mail/Correspondence
- ☐ Banking/Bill Payment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Home Management

- ☐ Fix It/Repair
- ☐ Lawn Care
- ☐ Snow Removal
- ☐ Automobile Care

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Other Assistance

\_\_\_\_\_  
\_\_\_\_\_



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Professional Service Providers

### Skilled Nursing and Rehabilitation (*Physical, Speech, Occupational*) Therapies

Agency Name \_\_\_\_\_ www. \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

Days/Hrs \_\_\_\_\_ After Hours Contact \_\_\_\_\_

Service	Frequency	Days/Times	Name	Paid for By	Start Date	End Date

### Personal Care and Homemaking Services

Agency Name \_\_\_\_\_ www. \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

Days/Hrs \_\_\_\_\_ After Hours Contact \_\_\_\_\_

Service	Frequency	Days/Times	Name	Paid for By	Start Date	End Date

### Other Providers (Emergency Response Service, Care Coordinator, Delivered Meals, Day Program, Transportation, etc.)

Agency Name \_\_\_\_\_ www. \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

Service	Frequency	Days/Times	Name	Paid for By	Start Date	End Date

Agency Name \_\_\_\_\_ www. \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

Service	Frequency	Days/Times	Name	Paid for By	Start Date	End Date



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Other Providers** (Emergency Response Service, Care Coordinator, Delivered Meals, Day Program, Transportation, etc.)

Agency Name \_\_\_\_\_ www. \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

Service	Frequency	Days/Times	Name	Paid for By	Start Date	End Date

Agency Name \_\_\_\_\_ www. \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

Service	Frequency	Days/Times	Name	Paid for By	Start Date	End Date

Agency Name \_\_\_\_\_ www. \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

Service	Frequency	Days/Times	Name	Paid for By	Start Date	End Date

Agency Name \_\_\_\_\_ www. \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

Service	Frequency	Days/Times	Name	Paid for By	Start Date	End Date

Agency Name \_\_\_\_\_ www. \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

Service	Frequency	Days/Times	Name	Paid for By	Start Date	End Date



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## About the Elder

*The following is to help an outside caregiver learn about your loved one's likes, dislikes and important information about their life and day-to-day activities.*

Prefers to be called (Mr/Mrs/Miss, Nickname) \_\_\_\_\_

First Language \_\_\_\_\_ Other languages spoken \_\_\_\_\_

Important Social History (schooling, career, membership organizations, etc.)

---

---

---

Important Relationships (close relatives and friends)

Name	Relationship	Town	Type and Frequency of contact
------	--------------	------	-------------------------------


Enjoys spending time by (social activities, etc.) \_\_\_\_\_

---

---

Favorite places to go (restaurants, museums, parks, etc.) \_\_\_\_\_

---

---

Favorite Pastimes (be as specific as possible and attach additional pages if necessary)

Hobbies	Games	Songs/Music	TV Shows	Radio Station
---------	-------	-------------	----------	---------------


Topics of interest (current events, sports, history, etc.)

---

---

Food & Snack preferences and dislikes

---

---

---

Pet(s)	Name	Feeding Instructions	Special Instructions
--------	------	----------------------	----------------------


Daily Routine Overview

Wakes up at	
Breakfast	
Morning Routine	
Lunch	
Afternoon Routine	
Dinner	
Before Bed	
Bedtime	



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Elder's Self-Care Abilities & Needs

Date \_\_\_\_\_

*As you fill this out, think about whether you are comfortable with your loved one seeing your assessment of their abilities. If not, consider using it as an opportunity to discuss your concerns with them.*

### Personal Care

	Independent	w/Assistance (Describe)	Unable
Bathing	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Grooming (hair, teeth)	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Walking/Mobility	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Medications	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>

### Household Management

	Independent	w/Assistance (Describe)	Unable
Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Food Shopping	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Light Housework	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Mail	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Bill/Money Management	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>

### Adaptive Devices/Equipment

Item	Description	Repair/Supply Vendor Info
Glasses	_____	_____
Hearing Aid	Left    Right	_____
False Teeth/Bridge	Partial    Upper    Lower	_____
Arm Brace	Left    Right	_____
Leg Brace	Left    Right	_____
Orthodic	Inserts    Shoes	_____
Cane	Straight    Pronged	_____
Walker	w/ or w/o wheels	_____
Wheelchair	Standard    Electric	_____
Other	_____	_____
Other	_____	_____

Notes \_\_\_\_\_



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Daily Activity Log

*Use this sheet to write down the day's activities. This will help other caregivers, family members or visitors know specifics about the elder's day such as what foods they ate, where they went, who called or visited. The notes can be brief or detailed.*

Date \_\_\_\_\_

Breakfast	
Morning	
Lunch	
Afternoon	
Dinner	
Evening	

Above notes written by \_\_\_\_\_



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**MEDICATIONS, OVER THE COUNTER AND DIETARY SUPPLEMENTS:**

Where meds are kept \_\_\_\_\_ Pill Boxes used? Yes No Person responsible for filling Pill Boxes \_\_\_\_\_

[illegible]

Pharmacy \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Days/Hours \_\_\_\_\_ Website \_\_\_\_\_

Login ID \_\_\_\_\_ Password \_\_\_\_\_

## Allergy Information

Drug	Reaction	First Occurred	Treatment
Amoxicillin	Rash	1985	Discontinue drug
Penicillin	Anaphylaxis	1978	Epinephrine, antihistamines
Valium	Depression	1992	Discontinue drug, therapy
Aspirin	Gastrointestinal bleeding	1988	Discontinue drug, PPIs
Warfarin	Bleeding	1995	Discontinue drug, Vitamin K
Insulin	Hypoglycemia	1980	Adjust dosage, glucose monitoring
Chemotherapy	Hair loss	1975	Wigs, scalp cooling
Antidepressants	Serotonin syndrome	1990	Discontinue drug, supportive care
Antibiotics	Clostridium difficile	1982	Discontinue drug, antibiotics
Antipsychotics	Extrapyramidal symptoms	1970	Discontinue drug, anticholinergics
Anticoagulants	Bleeding	1985	Discontinue drug, Vitamin K
Anticancer drugs	Neuropathy	1975	Discontinue drug, pain management
Antidepressants	Serotonin syndrome	1990	Discontinue drug, supportive care
Antibiotics	Clostridium difficile	1982	Discontinue drug, antibiotics
Antipsychotics	Extrapyramidal symptoms	1970	Discontinue drug, anticholinergics
Anticoagulants	Bleeding	1985	Discontinue drug, Vitamin K
Anticancer drugs	Neuropathy	1975	Discontinue drug, pain management

---

---

---



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Health Log

[illegible]

**Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)**

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Medical Information

## Medical Diagnoses

[illegible]

## Surgeries and Procedures

Date	Surgeon	Hospital	Complications, if any

## Hospitalizations and Rehabilitation Stays

[illegible]

Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Important Medical Events** (heart attack, seizure, fall, surgery, ER/Hospitalization, Rehab stay, etc.)

[illegible]

**Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)**

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Important Tests (blood, CAT scan, X-Ray, MRI, etc)

[illegible]

**Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)**

© 2008 Springwell, Inc. All Rights Reserved.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Physicians

### Primary Care

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Pager # \_\_\_\_\_

Days/Hrs \_\_\_\_\_ After Hours Instructions \_\_\_\_\_

Fax # \_\_\_\_\_ Email Address \_\_\_\_\_

Hospital Affiliation (s) \_\_\_\_\_

### Specialty Physician

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Name \_\_\_\_\_

Specialty \_\_\_\_\_

Hospital/Clinic \_\_\_\_\_

Phone # \_\_\_\_\_ Pager # \_\_\_\_\_

Days/Hrs \_\_\_\_\_ After Hours Instructions \_\_\_\_\_

Fax # \_\_\_\_\_ Email Address \_\_\_\_\_

Hospital Affiliation (s) \_\_\_\_\_

### Specialty Physician

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Name \_\_\_\_\_

Specialty \_\_\_\_\_

Hospital/Clinic \_\_\_\_\_

Phone # \_\_\_\_\_ Pager # \_\_\_\_\_

Days/Hrs \_\_\_\_\_ After Hours Instructions \_\_\_\_\_

Fax # \_\_\_\_\_ Email Address \_\_\_\_\_

Hospital Affiliation (s) \_\_\_\_\_

### Specialty Physician

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Name \_\_\_\_\_

Specialty \_\_\_\_\_

Hospital/Clinic \_\_\_\_\_

Phone # \_\_\_\_\_ Pager # \_\_\_\_\_

Days/Hrs \_\_\_\_\_ After Hours Instructions \_\_\_\_\_

Fax # \_\_\_\_\_ Email Address \_\_\_\_\_

Hospital Affiliation (s) \_\_\_\_\_



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Additional Specialty Physicians

**Specialty Physician** Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Name \_\_\_\_\_  
Specialty \_\_\_\_\_  
Hospital/Clinic \_\_\_\_\_  
Phone # \_\_\_\_\_ Pager # \_\_\_\_\_  
Days/Hrs \_\_\_\_\_ After Hours Instructions \_\_\_\_\_  
Fax # \_\_\_\_\_ Email Address \_\_\_\_\_  
Hospital Affiliation (s) \_\_\_\_\_  
Notes \_\_\_\_\_

**Specialty Physician** Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Name \_\_\_\_\_  
Specialty \_\_\_\_\_  
Hospital/Clinic \_\_\_\_\_  
Phone # \_\_\_\_\_ Pager # \_\_\_\_\_  
Days/Hrs \_\_\_\_\_ After Hours Instructions \_\_\_\_\_  
Fax # \_\_\_\_\_ Email Address \_\_\_\_\_  
Hospital Affiliation (s) \_\_\_\_\_  
Notes \_\_\_\_\_

**Specialty Physician** Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Name \_\_\_\_\_  
Specialty \_\_\_\_\_  
Hospital/Clinic \_\_\_\_\_  
Phone # \_\_\_\_\_ Pager # \_\_\_\_\_  
Days/Hrs \_\_\_\_\_ After Hours Instructions \_\_\_\_\_  
Fax # \_\_\_\_\_ Email Address \_\_\_\_\_  
Hospital Affiliation (s) \_\_\_\_\_  
Notes \_\_\_\_\_



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved



## Other Medical/Health Professionals

*Use this page to note other health professionals such as Chiropractor, Dentist, Ophthalmologist, Optometrist, Audiologist, and Podiatrist. After their name, write the type of care they provide.*

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Days/Hrs \_\_\_\_\_ After Hours Instructions \_\_\_\_\_

Pager # \_\_\_\_\_ Web/Email Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Days/Hrs \_\_\_\_\_ After Hours Instructions \_\_\_\_\_

Pager # \_\_\_\_\_ Web/Email Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Days/Hrs \_\_\_\_\_ After Hours Instructions \_\_\_\_\_

Pager # \_\_\_\_\_ Web/Email Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Days/Hrs \_\_\_\_\_ After Hours Instructions \_\_\_\_\_

Pager # \_\_\_\_\_ Web/Email Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Days/Hrs \_\_\_\_\_ After Hours Instructions \_\_\_\_\_

Pager # \_\_\_\_\_ Web/Email Address \_\_\_\_\_



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Call Log

[illegible]

**Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)**

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Upcoming Doctor Visit

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Specialty \_\_\_\_\_

Office/Clinic Location \_\_\_\_\_ Phone \_\_\_\_\_

Reason for visit (current symptoms) \_\_\_\_\_

Remember to bring: \_\_\_\_\_

Questions/Concerns to discuss

Q: \_\_\_\_\_

A: \_\_\_\_\_

Q: \_\_\_\_\_

A: \_\_\_\_\_

Q: \_\_\_\_\_

A: \_\_\_\_\_

Additional Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tests Done

Results/Call for results

\_\_\_\_\_

\_\_\_\_\_

### Outcome - Diagnosis and Next Steps

Diagnosis \_\_\_\_\_

Additional Tests                      Treatment                      Scheduled for                      What to Expect

\_\_\_\_\_

\_\_\_\_\_

Medication Changes

\_\_\_\_\_

\_\_\_\_\_

Follow Up Appointment Date and Time \_\_\_\_\_ Remember to bring \_\_\_\_\_

Other Notes: \_\_\_\_\_

\_\_\_\_\_ Above notes written by \_\_\_\_\_



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Location of Key Documents - CONFIDENTIAL

Document	Location	Date Noted
Social Security Card		
Medicare Card		
Secondary Health Insurance Card		
Health Care Proxy		
Living Will/Advance Directive		
Power of Attorney		
Guardianship		
Conservator/Representative Payee		
Life Insurance Policy(s)		
Will		
Trust Information		
Military ID/Papers		
Real Estate Property Deeds		

### Bank and other Financial Documents

Note: Specify Name of Bank, Financial Institution or Company

Document	Location	Date Noted
Loan Documents		
Annuity Contracts		
Stock Certificates/Bonds		

### Bank Vault/Safe Deposit Box (es)

Bank Location \_\_\_\_\_ Date \_\_\_\_\_

Box # \_\_\_\_\_ Location of Key \_\_\_\_\_

Add'l Name/Signatures on file \_\_\_\_\_

Bank Location \_\_\_\_\_ Date \_\_\_\_\_

Box # \_\_\_\_\_ Location of Key \_\_\_\_\_

Add'l Name/Signatures on file \_\_\_\_\_



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Legal, Investment and Accounting Contacts

### Attorney

Name \_\_\_\_\_  
Firm Name \_\_\_\_\_ www. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Assistant's name \_\_\_\_\_  
Office Hours \_\_\_\_\_

---

### Financial Advisor/Planner

Name \_\_\_\_\_  
Firm Name \_\_\_\_\_ www. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Assistant's name \_\_\_\_\_  
Office Hours \_\_\_\_\_

---

### Stock Broker/Investment Consultant

Name \_\_\_\_\_  
Firm Name \_\_\_\_\_ www. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Assistant's name \_\_\_\_\_  
Office Hours \_\_\_\_\_

---

### Accountant/Tax Advisor

Name \_\_\_\_\_  
Firm Name \_\_\_\_\_ www. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Assistant's name \_\_\_\_\_  
Office Hours \_\_\_\_\_

---

### Other

Name \_\_\_\_\_  
Firm Name \_\_\_\_\_ www. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Assistant's name \_\_\_\_\_  
Office Hours \_\_\_\_\_



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Insurance

### Home

Policy# \_\_\_\_\_  
Agent Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Agency Name \_\_\_\_\_ www. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Insurance Company/Underwriter \_\_\_\_\_ www. \_\_\_\_\_  
24 Hour Claim Phone # \_\_\_\_\_

### Automobile

Car 1 Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Policy# \_\_\_\_\_  
Agent Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Agency Name \_\_\_\_\_ www. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Insurance Company/Underwriter \_\_\_\_\_ www. \_\_\_\_\_  
24 Hour Claim Phone # \_\_\_\_\_

Car 2 Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Policy# \_\_\_\_\_  
Agent Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Agency Name \_\_\_\_\_ www. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Insurance Company/Underwriter \_\_\_\_\_ www. \_\_\_\_\_  
24 Hour Claim Phone # \_\_\_\_\_

### Life

Policy# \_\_\_\_\_  
Agent Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Agency Name \_\_\_\_\_ www. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Insurance Company/Underwriter \_\_\_\_\_ www. \_\_\_\_\_  
24 Hour Claim Phone # \_\_\_\_\_

### Disability

Policy# \_\_\_\_\_  
Agent Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Agency Name \_\_\_\_\_ www. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Insurance Company/Underwriter \_\_\_\_\_ www. \_\_\_\_\_  
24 Hour Claim Phone # \_\_\_\_\_

### Long Term Care

Policy# \_\_\_\_\_  
Agent Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Agency Name \_\_\_\_\_ www. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Insurance Company/Underwriter \_\_\_\_\_ www. \_\_\_\_\_  
24 Hour Claim Phone # \_\_\_\_\_



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Banking Information - CONFIDENTIAL

Bank Name \_\_\_\_\_ www. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Branch where Acct was opened \_\_\_\_\_  
Contact Person \_\_\_\_\_ Direct line \_\_\_\_\_  
Email address \_\_\_\_\_ Branch Days/Hours \_\_\_\_\_  
Checking Account # \_\_\_\_\_ Add'l Name on Acct \_\_\_\_\_  
Savings Account # \_\_\_\_\_ Add'l Name on Acct \_\_\_\_\_  
Money Market Account # \_\_\_\_\_ Add'l Name on Acct \_\_\_\_\_  
On Line Banking Website \_\_\_\_\_ UserID \_\_\_\_\_ Password Clue \_\_\_\_\_  
Certificates of Deposit

Term	Amount	Start Date	Maturity Date	Notes (auto rollover, etc.)

Bank Name \_\_\_\_\_ www. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Branch where Acct was opened \_\_\_\_\_  
Contact Person \_\_\_\_\_ Direct line \_\_\_\_\_  
Email address \_\_\_\_\_ Branch Days/Hours \_\_\_\_\_  
Checking Account # \_\_\_\_\_ Add'l Name on Acct \_\_\_\_\_  
Savings Account # \_\_\_\_\_ Add'l Name on Acct \_\_\_\_\_  
Money Market Account # \_\_\_\_\_ Add'l Name on Acct \_\_\_\_\_  
On Line Banking Website \_\_\_\_\_ UserID \_\_\_\_\_ Password Clue \_\_\_\_\_  
Certificates of Deposit

Term	Amount	Start Date	Maturity Date	Notes (auto rollover, etc.)

Bank Name \_\_\_\_\_ www. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Branch where Acct was opened \_\_\_\_\_  
Contact Person \_\_\_\_\_ Direct line \_\_\_\_\_  
Email address \_\_\_\_\_ Branch Days/Hours \_\_\_\_\_  
Checking Account # \_\_\_\_\_ Add'l Name on Acct \_\_\_\_\_  
Savings Account # \_\_\_\_\_ Add'l Name on Acct \_\_\_\_\_  
Money Market Account # \_\_\_\_\_ Add'l Name on Acct \_\_\_\_\_  
On Line Banking Website \_\_\_\_\_ UserID \_\_\_\_\_ Password Clue \_\_\_\_\_  
Certificates of Deposit

Term	Amount	Start Date	Maturity Date	Notes (auto rollover, etc.)



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Income, Expenses and Net Worth – CONFIDENTIAL

Social Security # \_\_\_\_\_

### Income

Social Security	\$ _____
Pension/Retirement	\$ _____
Annuities	\$ _____
Interest	\$ _____
Dividends	\$ _____
Rent	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

### Expenses

Rent/Mortgage	\$ _____
Other Mortgage	\$ _____
Bank Loan	\$ _____
Income Tax (Qtrly)	\$ _____
Property Tax	\$ _____
Utilities	
Phone	\$ _____
Gas	\$ _____
Oil	\$ _____
Electric	\$ _____
Water	\$ _____
Cable	\$ _____
Groceries	\$ _____
Restaurants	\$ _____
Personal (hair, clothes)	\$ _____
Auto (gas, repair)	\$ _____
Other Transportation	\$ _____
Medical	\$ _____
Dental	\$ _____
House (landscaper, etc)	\$ _____
In Home Services	\$ _____
Other _____	\$ _____
Other _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

### Assets (own)

Checking Account	\$ _____
Savings Account	\$ _____
CD's	\$ _____
Money Market Funds	\$ _____
Life Insurance (cash value)	\$ _____
Approximate Market Value of	
Pension Funds	\$ _____
Mutual Funds	\$ _____
Stocks	\$ _____
U.S Treasury (bills, bonds)	\$ _____
Real Estate Equity	\$ _____
Automobiles	\$ _____
Personal (Jewelry, Art, Furniture)	\$ _____
Other (boat, etc)	\$ _____
Other	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

### Liabilities (owe)

Mortgage	\$ _____
Second Mortgage	\$ _____
Reverse Mortgage	\$ _____
Bank Loans	\$ _____
Car Loans	\$ _____
Credit Cards	\$ _____
Personal Loans	\$ _____
Other _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**Total Assets**  
**Minus Total Liabilities**

<b>Total Assets</b>	<b>\$ _____</b>
<b>Minus Total Liabilities</b>	<b>\$ _____</b>
<b>NET WORTH</b>	<b>\$ _____</b>



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Monthly Bills

Expense	Name	Account #	Phone #	Due Date
Rent/Mortgage				
Other Mortgage				
Bank Loan				
Credit Card				
Credit Card				
Credit Card				
Credit Card				
Gas/Auto Credit Card				
Gas (house)				
Oil				
Electric				
Phone				
Cellular Phone				
Trash Collection				
Cable/Internet				
Newspaper				
Other				
Other				

Notes

---

---

---

---

---

---

## Quarterly Bills

Expense	Name	Account #	Phone #	Due Date
Property Tax				
Estimated Income Tax				
Water				
Other				
Other				

Notes

---

---

---

---

---

---



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## End of Life Instructions

*End of Life discussions and decisions can be difficult. This page is to serve as a starting point in discussing and gathering the information. We encourage you to speak with the Primary Care Physician and call Springwell for more information and assistance with this complex topic. For detailed information on End of Life care and answers to frequently asked questions, go to [www.endoflifecommission.org](http://www.endoflifecommission.org), or call 617-636-3480. To order a copy of "Five Wishes", a document to put your wishes on specific treatment and care in writing, go to: [www.agingwithdignity.org](http://www.agingwithdignity.org) or call 888-594-7437.*

Health Care Proxy/Advance Directive completed? Yes No On File with Dr. \_\_\_\_\_

Includes the following requests:

- ☐ Do Not Hospitalize ☐ Do Not Resuscitate (revive heart or breathing)  
☐ Do Not Tube Feed (insertion of tube into stomach to provide nutrition) ☐ Do Not Intubate (insertion of a tube to assist breathing)  
☐ No Extraordinary Measures (any effort to artificially sustain life when no hope of medical improvement exists)  
☐ Comfort Measures Only (no intervention to prevent death and make physically as comfortable as possible)

**Health Care Agent** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Contact Instructions \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

### Family/Friend to be notified

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Instructions \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Instructions \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Instructions \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

### Attorney to be notified

Name \_\_\_\_\_ Firm Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

### Clergy to be notified

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Funeral Home \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ ☐ Pre-Paid \_\_\_\_\_

Cemetery \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ ☐ Pre-Paid Lot# \_\_\_\_\_

Other instructions \_\_\_\_\_



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

© 2008 Springwell, Inc. All Rights Reserved.

## **Resources**

Springwell, Inc.  
125 Walnut Street  
Watertown MA 02472  
617-926-4100  
TTY: 617-923-1562  
Fax: 617-926-9897  
[www.springwell.com](http://www.springwell.com)  
[info@springwell.com](mailto:info@springwell.com)

Medicare  
<http://www.medicare.gov/>  
800-633-4227

Medicaid - MassHealth  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)  
800-841-2900

Social Security Administration  
<http://www.ssa.gov/>  
800-772-1213



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)

## Notes

Springwell, Inc.  
125 Walnut Street  
Watertown MA 02472  
617-926-4100  
TTY: 617-923-1562  
Fax: 617-926-9897  
[www.springwell.com](http://www.springwell.com)  
[info@springwell.com](mailto:info@springwell.com)



Questions? Call us at 617-926-4100 or visit us on the web: [www.springwell.com](http://www.springwell.com)