ANTHEM MEMORY CARE

Personalized Care Plan

ALZHEIMER'S CARE

Personal Information

FIELD	DETAILS
Care Recipient's Name	
Pronouns (She/He/They/Other)	
Preferred Addressing (Mr./Mrs./Ms./Dr.)	
Does anyone else live in the home?	Yes / No
Are there any pets?	Yes / No

Emergency Contacts

NAME	RELATIONSHIP	CONTACT INFORMATION

Medical History & Diagnoses

CONDITION	DIAGNOSIS DATE	NOTES/MANAGEMENT

Medication List

MEDICATION	DOSAGE	FREQUENCY

Care Team Members

NAME	RELATIONSHIP	CONTACT INFORMATION	ROLES/ RESPONSIBILITIES

Activities of Daily Living (ADLs)

ADL TASK	INDEPENDENT	VERBAL CUES	STANDBY SUPPORT	FULL ASSISTANCE
Eating	☐	☐	☐	☐
Ambulation (Walking/Moving)	☐	☐	☐	☐
Bathing	☐	☐	☐	☐
Toileting	☐	☐	☐	☐
Personal Hygiene	☐	☐	☐	☐
Dressing	☐	☐	☐	☐
Transfer (Bed/Chair)	☐	☐	☐	☐

Instrumental Activities of Daily Living (IADLs)

ADL TASK	INDEPENDENT	STANDBY SUPPORT	FULL ASSISTANCE
Medication Management	☐	☐	☐
Shopping	☐	☐	☐
Meal Preparation	☐	☐	☐
Transportation	☐	☐	☐
Financial Management	☐	☐	☐

Dietary Needs

DIET TYPE	FOOD ALLERGIES	MEAL PREFERENCES	FEEDING ASSISTANCE
			Yes / No
			Yes / No
			Yes / No

Schedule & Routines

DAY	TIME	ACTIVITY	ASSIGNED CAREGIVER
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Behavioral / Emotional Support

BEHAVIOR/EMOTION	CALMING TECHNIQUES
Anxiety or Stress	

Safety Considerations

SITUATION	ACTION
Fall	***Call 911 immediately,*** then call family.
Seizure	***Turn them on their side,*** then call 911.
Difficulty Breathing	***Administer oxygen if prescribed,*** call emergency services.

Equipment Safety

EQUIPMENT	ACTION
Wheelchair	Check that brakes work properly.
Walker	Make sure rubber tips are intact and not slippery.
Oxygen Tank	Make sure it's full and working properly.
Hospital Bed	Check that bedrails are stable.