

Date: ____/____/____
Staff: _____
Facility: _____

Patient: _____ Med Rec #: _____
Caregiver: _____ Relationship: _____
Caregiver contact information and best time to talk:

What Do You Need as a Family Caregiver?

What Training Do You Need to Help Your Family Member?

Family caregiver states:	I am able to help WITHOUT training	I am able to help WITH training	I am unable to help
Tasks that need to be done			
Bathing (washing in the shower, bath, or sink)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing (getting dressed and undressed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal hygiene (such as brushing teeth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming (such as washing hair and cutting nails)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting (going to the bathroom or changing diapers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer (such as moving from the bed to a chair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility (includes walking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication (ordering medications, organizing them, and giving all medications as prescribed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing symptoms (such as pain or nausea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment (such as oxygen, IV, or infusion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinating the patient's care (includes talking with doctors, nurses, and other health care workers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making and keeping appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving or helping with transportation (such as car, bus, or taxi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household chores (such as shopping, cooking, and doing laundry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking care of finances (includes banking, paying bills, forms and applications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>