

Healthcare Journey Binder





This Binder Follows the Healthcare Journey of:

What is the Purpose of the Healthcare Journey Binder?

The **Healthcare Journey Binder** was created by caregivers and healthcare providers to help improve the overall healthcare experience for patients and caregivers. It can be used by anyone, including caregivers, to manage important healthcare information by:

- Having a place where important documents and information can be kept in one place
- Making it easy to organize and find health information
- Allowing you to easily share any information with the healthcare team
- Helping to give you a sense of control

The Caregiver Role

A caregiver is a family member, friend, or neighbour who provides personal, social, psychological, and/or physical support to someone in need. This support may be short-term or ongoing and can include:

- Coordinating medical appointments
- Managing medications
- Arranging in-home healthcare services
- Providing emotional and practical support

Safe Keeping and Privacy

The binder may contain personal health information. Please keep it in a secure location and share it only with those you trust or who are involved in your care.

When disposing of the binder, ensure it is done safely. Your healthcare team can advise on secure disposal and may be able to shred it for you.

Patient Information

Name:			
Address:		Phone Number (Home)	
Email:		Phone Number (Cell)	
Language Spoken / Read		Birthday	
Family Doctor:		Phone Number	
My Parent / Legal Guardian Name:		Custody Concerns / Arrangements: <input type="checkbox"/> Single <input type="checkbox"/> Joint	
Phone Number(s):			
Address:			
Email Address			
My Parent / Legal Guardian Name:			
Phone Number(s):			
Address:			
Email Address			
Power of Attorney for Personal Care Name:			
Contact Information:			
Contact information of Lawyer:			
Primary Caregiver Name & Relationship (e.g. Spouse, friend, son):			
Contact Information:			
Hours of Work & Work Contact Information (if applicable):			
Secondary Caregiver Name & Relationship:			
Contact Information:			
Hours of Work & Work Contact Information (if applicable):			
Special Considerations			
<input type="checkbox"/> Developmental Delay <input type="checkbox"/> Custody Concerns <input type="checkbox"/> Uses Sign Language <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Eye Gaze Choices <input type="checkbox"/> Cultural Considerations		<input type="checkbox"/> Aggression <input type="checkbox"/> Uses a Mobility Device <input type="checkbox"/> Risk of Falling <input type="checkbox"/> Unable to Walk <input type="checkbox"/> Mental Health <input type="checkbox"/> Hearing Impairment	
		<input type="checkbox"/> Dementia / Alzheimer's <input type="checkbox"/> Roaming Risk <input type="checkbox"/> Visually impaired <input type="checkbox"/> English as a second language <input type="checkbox"/> _____	
<input type="checkbox"/> I have a Care Plan or Coordinated Care Plan (e.g Healthlinks)			

Facts about Me:

My Nicknames:	
Siblings:	
Married to:	
When married:	
Where I have lived:	
Children:	
Previous occupations:	
What I like to do (e.g. reading, games, sports, activities, etc.)	
What kind of music I like:	
Other Information about me:	

Care Considerations:

When planning or receiving care, it is important to create the most comfortable environment for you. Use this section to note any 'triggers' that may cause you to feel upset or respond negatively.

Trigger	Reaction	Possible Alternatives
e.g. Loud Noises	e.g. Anxiety or agitation	e.g. Keeping the door shut when possible, turning volume down on in-room alarms



This Binder Follows the Healthcare Journey of:



Medications, Therapies & Allergies

Medication Safety

Keeping an up-to-date record of your current medications, vaccines, allergies, and complementary or alternative therapies is essential. Having this information readily available allows you to share it easily with your healthcare team and ensures safer, more informed care.

Maintaining this record can:

- Reduce medication errors or adverse reactions
- Help prevent allergic reactions
- Minimize how often you need to repeat this information
- Give your healthcare team a complete view of your healthcare journey

By recording this information, you can quickly access and share it with members of your healthcare team whenever needed.

What information should I record?

Allergies and sensitivities

Throughout your healthcare journey, you will frequently be asked about allergies. Keeping a readily accessible list makes sharing this information simple and accurate. Include any reactions to medications, foods, or environmental triggers (such as seasonal allergies).

Medications, complementary, and alternative therapies

A current medication list that can be easily shared helps reduce the risk of errors or adverse reactions. Include all prescription and over-the-counter medications, vitamins, supplements, and complementary or alternative therapies (e.g., massage, acupuncture). This comprehensive record helps your healthcare providers understand all factors that may affect your treatment plan.

Vaccines and Immunizations

Keeping an up-to-date record of your immunizations is an important part of your healthcare history. Healthcare providers need to know which vaccines you have received, including influenza (the 'flu' shot), pneumonia, and shingles vaccines. You can maintain this information in this section, for example, by including an up-to-date immunization record such as the "Yellow Book."

How to Use this Section

This section is designed to be flexible—adapt it to fit your individual healthcare journey. Some ways you can use it include:

- Keep current medication records printed from your doctor, pharmacy, or the hospital in this section.
- Regularly review your medication list and remove older versions of medication lists to avoid confusion.
- Review suggested questions to ask your pharmacist about your medications. This can help you better understand your current medications or learn about any new medications you will be taking.
- Dispose of old medical information securely. You can ask your pharmacy to safely dispose of expired medications and outdated medication lists.

5 Questions to Ask about your Medications

Did you know?

Medication errors are most likely to occur during transitions in care, such as when being admitted to or discharged from the hospital.¹

To help prevent these errors, organizations including the Institute for Safe Medication Practices in Canada, Patients for Patient Safety Canada, the Canadian Pharmacists Association, and the Canadian Association for Hospital Pharmacists have developed five questions that patients and caregivers can use to start conversations with their healthcare team about medications.

Use the questions below whenever you speak with any member of your healthcare team, doctors, nurses, or pharmacists about your medications.

1. Changes?

Have any medications been added, stopped or changed and why?

2. Continue?

What medications do I need to keep taking, and why?

3. Proper use?

How do I take my medications and for how long?

4. Monitor?

How will I know if my medication is working and what side effects do I watch for?

5. Follow-Up?

Do I need any tests and when do I book my next visits?



Allergies and Sensitives

An allergy means your body sees the medicine as harmful and reacts against it. Allergic reactions can be mild or severe and may appear anywhere from a few hours after taking the medication to up to two weeks later.

A sensitivity or side effect is different from an allergy; it's your body adjusting to a new medication. Examples of sensitivities include nausea, muscle aches, or low energy.

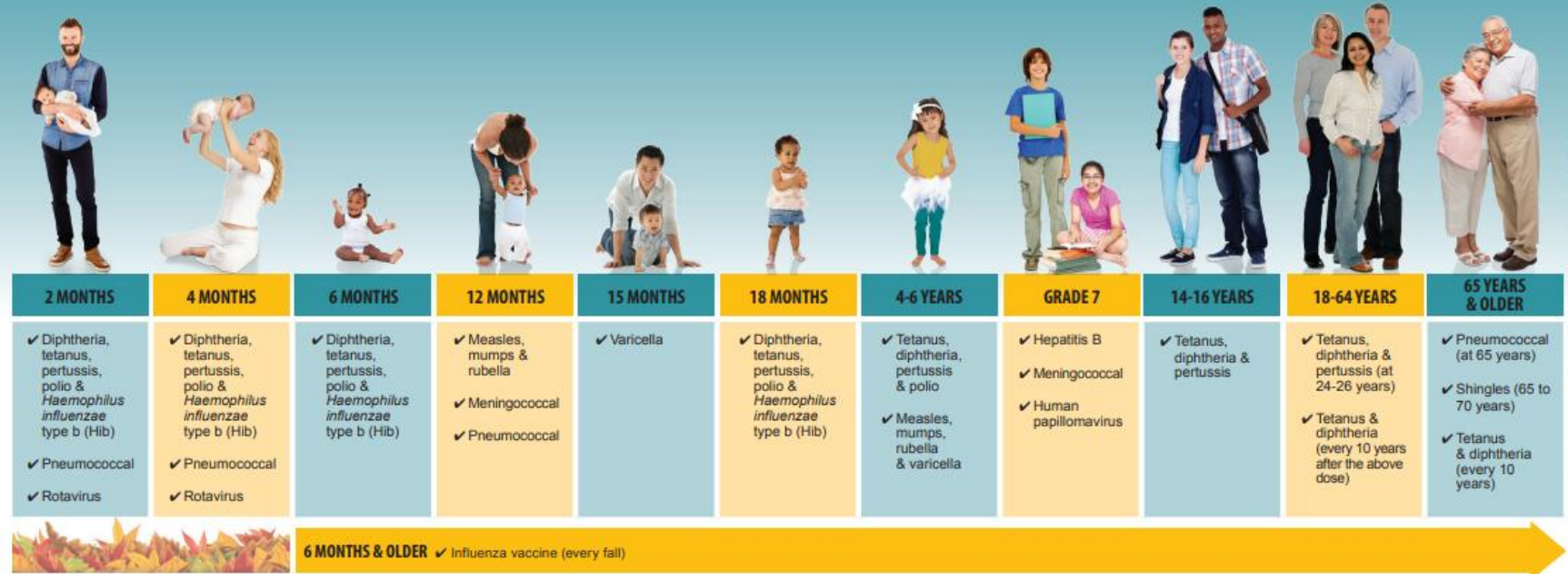
Use the chart below to record any medication reactions and notify your healthcare team as soon as they occur.

Allergy or Sensitivity	What Happens?



IMMUNIZATION Through the Lifespan

Vaccines help to protect you and those around you against disease



These vaccines are free for eligible individuals as part of Ontario's publicly funded immunization program

Learn more at [Ontario.ca/vaccines](https://www.ontario.ca/vaccines)



Alternative or Complimentary Therapies

A **complementary therapy** is something you do or use alongside your conventional medical treatment⁵.

An **alternative therapy** is something you do or use instead of conventional medical treatment¹.

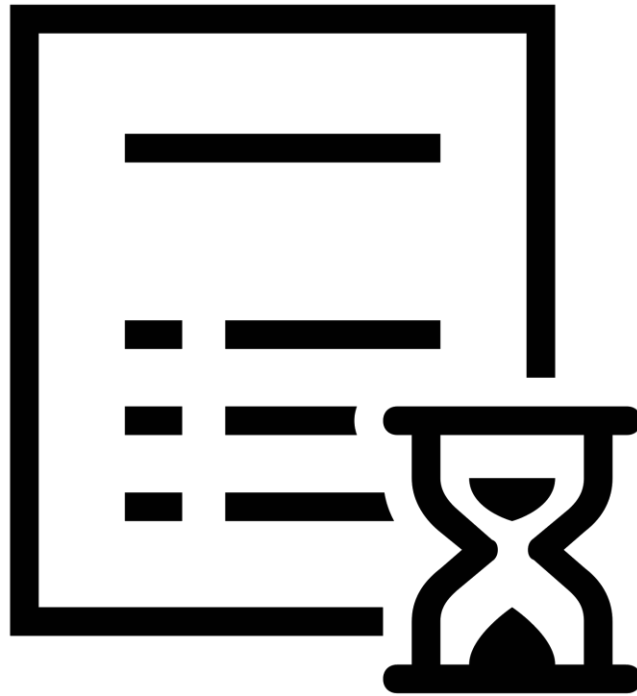
Some examples include but are not limited to aromatherapy, acupuncture, herbal medicine, massage therapy, visualization or yoga.

Description and details of practice:

Description and details of practice:

Description and details of practice:

Description and details of practice:



**Medical History, Vital Signs & Activities of
Daily Living (ADLs) and Instrumental
Activities of Daily Living (IADLs)**

Medical History, Vital Signs & Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)

Medical history and key dates can be difficult to remember, yet details such as diagnoses, hospitalizations, surgeries and other health information are essential for your healthcare team. This section allows you to record and quickly access your medical history whenever it's needed.

Use and adapt this section in whatever way best supports your healthcare journey—everyone's experience is different.

Personal Medical History

Some caregivers have shared that gathering past information can feel overwhelming. With that in mind, you can choose how to use this section:

- Start documenting diagnoses, surgeries, and hospitalizations from today onward to keep your binder up to date.
- Add past medical events to the best of your knowledge, including dates or details when possible and as you feel it's appropriate.

Vital Sign Notes and Tracking Calendar

This section provides space to record vital signs—simple measures of overall health such as blood pressure, heart rate, and weight. Tracking these can help your healthcare team understand what is normal for you. Not everyone needs to keep a vital sign record; check with your healthcare team to see if it would be helpful.

Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)

You may find it helpful to document how you manage daily tasks:

- **ADLs** include basic self-care activities like bathing, eating, and dressing.
- **IADLs** are tasks needed for independent living, such as managing medications or household chores.

Recording this information can help your healthcare team understand the level of support you may need. Depending on your diagnosis or stage of illness, you may or may not use this portion of the binder.



Personal Health History

Diagnoses		
Year	Name of Diagnosis or Concern	By Whom (e.g. physician's name, etc.)?
Any other pertinent information related to diagnosis?		
Year	Name of Diagnosis or Concern	By Whom?
Any other pertinent information related to diagnosis?		
Year	Name of Diagnosis or Concern	By Whom?
Any other pertinent information related to diagnosis?		
Year	Name of Diagnosis or Concern	By Whom?
Any other pertinent information related to diagnosis?		



Personal Health History

Hospital Visits		
Year	Reason	Name of Hospital
		<input type="checkbox"/> Emergency Department Visit Only <input type="checkbox"/> Admitted to Hospital
		<input type="checkbox"/> Emergency Department Visit Only <input type="checkbox"/> Admitted to Hospital
		<input type="checkbox"/> Emergency Department Visit Only <input type="checkbox"/> Admitted to Hospital
		<input type="checkbox"/> Emergency Department Visit Only <input type="checkbox"/> Admitted to Hospital
		<input type="checkbox"/> Emergency Department Visit Only <input type="checkbox"/> Admitted to Hospital



Personal Health History

Use this template to record any important details about vital signs.

Vital Signs	Notes
Blood Pressure	
Heart Rate (Beats per minute)	
Respiratory Rate (Breaths/minute)	
Weight	
Pain or Discomfort	
Oxygen Level (Saturation)	
Bowel Movements	



Vital Signs Calendar

Use this template to track vital signs such as blood pressure, heart rate, respiratory rate, weight, pain, bowel movements, etc.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Task:	Task:	Task:	Task:	Task:	Task:	Task:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Task:	Task:	Task:	Task:	Task:	Task:	Task:



Activities of Daily Living (ADL)

Activities of Daily Living (ADLs) refer to basic personal tasks such as bathing, eating and drinking, and walking. Use the chart below to track your ability to complete these activities. This information is helpful for your healthcare providers when planning and providing care. Be sure to update it regularly, as your ADLs may change over time.

	No Help Needed	Some Help Needed	Complete Help Needed	Not Applicable
Example (Bathing)	<i>e.g. face and arms</i>	<i>e.g. rest of body</i>	<i>e.g. hair washing and back</i>	

	No Help Needed	Some Help Needed	Complete Help Needed	Not Applicable
Bathing or Showering				
Dressing				
Grooming				
Mouth Care				
Toileting				
Transferring Bed/Chair				
Walking				
Climbing Stairs				
Eating and Drinking				



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Bathing or Showering				
Dressing				
Grooming				
Mouth Care				
Toileting				
Transferring Bed/Chair				
Walking				
Climbing Stairs				
Eating and Drinking				



SouthlakeHealth



Consent & Legal Matters



Consent and Legal Matters

This section explains legal terms you may encounter during your caregiving journey. While it doesn't cover every legal topic, caregivers identified these areas as especially confusing and important to understand.

How to Use This Section

Use this section to store any legal documents or information you collect. A secure envelope is included at the back of the binder for sensitive papers. Because this binder may contain private or valuable information, please keep it in a safe place. When disposing of the binder, ensure it is done safely. Your healthcare team can advise on secure disposal and may be able to shred it for you.

You may wish to include documents such as:

- Power of Attorney (POA)
- Do Not Resuscitate (DNR) orders
- Custody or separation documents
- Next-of-kin names and contact information
- Consent forms
- End-of-life planning documents

Use this section as a starting point for conversations with your healthcare team or others. It is for information only and is **not legal advice or legal counselling**.

Key Legal Terms

What is a Caregiver?

A caregiver is a family member, friend, or neighbour who provides personal, social, emotional, or physical support to someone in need. This role may be short-term or long-term.

What is a Substitute Decision Maker?

Under Ontario's *Substitute Decisions Act (SDA)*, a Substitute Decision Maker (SDM) is a person who is legally authorized to make decisions on someone's behalf when that person is not mentally capable. This may be temporary or permanent, depending on circumstances such as illness, injury, or disability.

The SDA sets out who is legally authorized to make decisions on a person's behalf when they are not capable. These decisions may relate to:

- **Personal care** (such as health care, housing, nutrition, safety, and end-of-life decisions)
- **Property and financial matters**

In Ontario, everyone automatically has an SDM.

When a patient is not capable of providing consent, healthcare providers must obtain consent from the highest-ranking available SDM in the following order:

1. Guardian of person with treatment authority
2. Attorney named in a Power of Attorney for Personal Care
3. Representative appointed by the Consent and Capacity Board
4. Spouse or partner
5. Child, parent, or Children's Aid Society
6. Parent with right of access only
7. Brother or sister
8. Any other relative by blood, marriage, or adoption
9. Office of the Public Guardian and Trustee

What is a Power of Attorney (POA)?

A **Power of Attorney** is a legal document that names someone who can act on your behalf if you become unable to do so.

Types of POA in Ontario

1. **Power of Attorney for Property (CPOA)**
 - Covers financial matters.
 - Can take effect immediately (“continuing”) or only upon incapacity.
2. **Power of Attorney for Personal Care (POAPC)**
 - Covers personal care decisions such as health care and housing.
 - Must follow specific legal rules and be witnessed by two people.

Capturing Patient Wishes

Patients are encouraged to discuss and document their wishes—especially for personal care—so their SDM or attorney understands their preferences if they cannot communicate.

What is a Do Not Resuscitate (DNR) Order?

A Do Not Resuscitate (DNR) order indicates that healthcare providers will not initiate cardiopulmonary resuscitation (CPR) if a person's heart or breathing stops. **Important:** Speak with your doctor or nurse practitioner to better understand DNR orders and what they mean for your care.

CPR may include:

- Chest compressions
- Defibrillation or pacing
- Artificial ventilation
- Insertion of an artificial airway
- Cardiac medications

DNR Confirmation Form (DNRC)

Used by paramedics and firefighters only.

This standardized Ontario form confirms that CPR is **not** part of the care plan.

Key points:

- Must be signed by a doctor or nurse.
- First responders rely on this form and do not review hospital charts.
- Valid for repeated use.
- Different from a hospital DNR (which guides care levels within the hospital).
- Can be cancelled at any time by the patient or SDM.

Speak with your healthcare provider if you need help completing a DNRC form.

Personal Health Information Protection Act (PHIPA)

The Personal Health Information Protection Act (PHIPA) is Ontario legislation that governs how personal health information is collected, used, and shared. It ensures that your health information is protected and handled appropriately.

Organ and Tissue Donation

When considering your final wishes, it is important to consider organ and tissue donation. To learn more about organ and tissue donation visit the following websites or speak to a member of your care team.

- <https://www.beadonor.ca/>
- <https://www.giftoflife.on.ca/en/>

To register for organ and tissue donation in Ontario:

- <https://www.ontario.ca/page/organ-and-tissue-donor-registration>

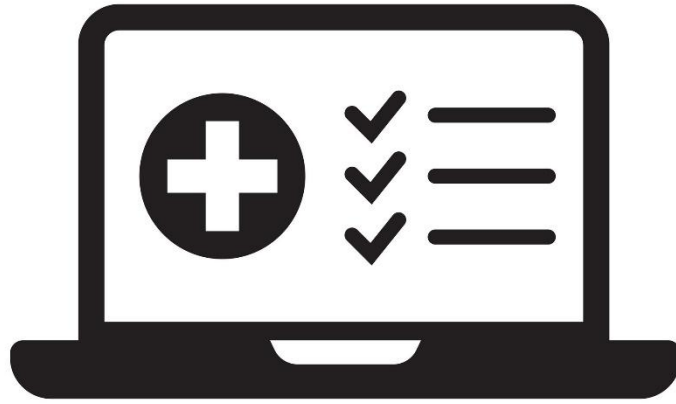
Legal Information

Including your lawyer's contact information ensures the healthcare team can verify or clarify legal documents related to decision-making, if needed, to support your care.

Lawyer Name/Firm: _____

Telephone Number: _____

E-Mail Address: _____



Healthcare Team & Notes

Healthcare team and notes

Keeping track of everyone on your healthcare team can be overwhelming. Having their information in one place reduces the time and frustration spent searching for provider contact details when you need them most. It can also be difficult to remember everything you're told during admission or after discharge. This section provides one central place to keep all information received during the hospital stay, including notes and communication logs.

You can also use this section to keep track of details about appointments, tests, procedures, and community provider visits. This helps caregivers or family members plan to accompany you, arrange transportation, and provide support. Recording both scheduled appointments and past visit notes can be especially helpful when preparing for future care.

In the days leading up to healthcare appointments, many people think of questions they want to ask—but these are often forgotten once the appointment begins. Writing questions down ahead of time helps ensure they get answered. This section helps you stay organized, prepared, and confident as your own advocate—or as an advocate for someone you care for. Use and adapt this section to fit your needs. Every healthcare journey is unique.

My Community Care Team

Use this template to keep track of community care providers. Each bubble can be used to record contact details for a person or organization involved in your care. This visual overview can help you see available supports and prompt conversations with your providers about how these resources may assist you or your care recipient.

Healthcare Appointments

Use the appointment pages to record information about both upcoming and past healthcare visits.

Questions to Ask Healthcare Providers

As a caregiver or patient advocate, consider asking these four key questions during any healthcare interaction:

1. What is the main concern today?
2. What needs to be done next?
3. Why is it important to do this?
4. Who can I contact if I have questions?

Tests and Procedures

Use this section to track details about tests and procedures. Documenting notes such as how well the test was tolerated, challenges with preparation, or issues during recovery, can be helpful when planning future appointments.

You can also use the pocket provided in this section to store items such as parking receipts, appointment cards, and handouts until you have time to log them.

Notes

Blank note pages are included for you to record information at any point. You can use them during a hospital stay or any time you interact with healthcare providers.

Communication Log

Use the communication log during your hospital stay to track conversations and questions for the healthcare team. The bedside whiteboard is also a helpful tool to communicate with your healthcare team. Questions left there can be answered even when you are not in the room.

Community Provider Visits

This template helps you keep track of community visits, including visit dates and any important notes that may be helpful for future appointments.

Messages I Have for Community Providers

In the days leading up to your next community visit, you may think of questions you want to ask. Writing these down in advance helps ensure they are not forgotten once the visit begins. This section gives you a dedicated place to record them.



My Community Care Team

Care Coordinator or Case Manager

Organization:
Who to Contact:
Telephone #:

Care Coordinator or Case Manager

Organization:
Who to Contact:
Telephone #:

Family Physician

Organization:
Who to Contact:
Telephone #:

Personal Support Worker

Organization:
Who to Contact:
Telephone #:

Nutritional Services

Organization:
Who to Contact:
Telephone #:

Nurse Practitioner

Organization:
Who to Contact:
Telephone #:

Physiotherapy

Organization:
Who to Contact:
Telephone #:

Occupational Therapy

Organization:
Who to Contact:
Telephone #:

Speech Language Pathology

Organization:
Who to Contact:
Telephone #:

Social Work

Organization:
Who to Contact:
Telephone #:

Other: _____

Organization:
Who to Contact:
Telephone #:

Other: _____

Organization:
Who to Contact:
Telephone #:



My Community Care Team Descriptions

Care Coordinator or Case Manager:

Responsible for assessing, planning, coordinating, implementing and reviewing patients' needs and services. They provide information to patients as well as referring them to alternate community resources. They may work for the Local Health Integration Network or another community agency.

Family Physician:

The physician you see on a regular basis for check-ups, they diagnose and treat illness, prescribe medications and give referrals.

Personal Support Worker:

Assist caregivers in-home with daily living that can include bathing, toileting, dressing and feeding.

Nutritional Services:

Deliver food and prepared meals to caregiver homes to ensure a healthy diet and easier preparation.

Nurse Practitioner:

Can diagnose and treat illness, order and interpret tests, prescribe medication, preventative care and perform procedures.

Physiotherapy:

Treat disease, injury or impairment using exercise, massage and other physical interventions to improve mobility, strength and reduce discomfort.

Occupational Therapy:

Help overcome the physical limitations that interfere with someone's ability to do daily tasks that are important to them.

Speech Language Pathology:

Help assess, diagnose, treat and prevent speech and swallowing disorders.

Social Work:

Help caregivers and their family's access services to improve their quality of life and be supported at home or in the community.



Appointment Tracking Sheet

Appointment Date Date:	Provider Name	Location
Time:		<input type="checkbox"/> I asked about parking, cost & map
Reason for Appointment	Supporting Documents to Bring	Notes for Appointment
Questions to Ask (i.e. what is the main concern today, what do I need to do next, why is it important)		
Next Appointment Date Date:	<input type="checkbox"/> We book	Follow up Instructions
Time:	<input type="checkbox"/> They book	
Appointment Date Date:	Provider Name	Location
Time:		<input type="checkbox"/> I asked about parking, cost & map
Reason for Appointment	Supporting Documents to Bring	Notes for Appointment
Questions to Ask (i.e. what is the main concern today, what do I need to do next, why is it important)		
Next Appointment Date	Follow up Instructions	

Date:

We book

Time:

They book

--



Appointment Tracking Sheet

Appointment Date		Provider Name	Location
Date:			
Time:			<input type="checkbox"/> I asked about parking, cost & map
Reason for Appointment	Supporting Documents to Bring	Notes for Appointment	
Questions to Ask (i.e. what is the main concern today, what do I need to do next, why is it important)			
Next Appointment Date		Follow up Instructions	
Date:	<input type="checkbox"/> We book		
Time:	<input type="checkbox"/> They book		
Appointment Date		Provider Name	Location
Date:			
Time:			<input type="checkbox"/> I asked about parking, cost & map
Reason for Appointment	Supporting Documents to Bring	Notes for Appointment	
Questions to Ask (i.e. what is the main concern today, what do I need to do next, why is it important)			
Next Appointment Date		Follow up Instructions	
Date:	<input type="checkbox"/> We book		
Time:	<input type="checkbox"/> They book		



Test & Procedures

Procedure/Test	Date and Time	Location
	Date:	
Who ordered the procedure/test?	Time:	
		<input type="checkbox"/> I asked about parking, cost & map
Notes about procedure prep, response, recovery	Questions to Ask	
Follow up:		
Procedure/Test	Date and Time	Location
	Date:	
Who ordered the procedure/test?	Time:	
		<input type="checkbox"/> I asked about parking, cost & map
Notes about procedure prep, response, recovery	Questions to Ask	
Follow up:		
Procedure/Test	Date and Time	Location
	Date:	
Who ordered the procedure/test?	Time:	
		<input type="checkbox"/> I asked about parking, cost & map
Notes about procedure prep, response, recovery	Questions to Ask	
Follow up:		



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Procedure/Test	Date and Time	Location
	Date:	
Who ordered the procedure/test?	Time:	
		<input type="checkbox"/> I asked about parking, cost & map
Notes about procedure prep, response, recovery	Questions to Ask	
Follow up:		
Procedure/Test	Date and Time	Location
	Date:	
Who ordered the procedure/test?	Time:	
		<input type="checkbox"/> I asked about parking, cost & map
Notes about procedure prep, response, recovery	Questions to Ask	
Follow up:		
Procedure/Test	Date and Time	Location
	Date:	
Who ordered the procedure/test?	Time:	
		<input type="checkbox"/> I asked about parking, cost & map
Notes about procedure prep, response, recovery	Questions to Ask	
Follow up:		



Communication Log

Question(s) For:			
Date:		Time:	
Question(s) or Concern(s):			
Response/Follow up:			
Question(s) For:			
Date:		Time:	
Question(s) or Concern(s):			
Response/Follow-up			



Community Provider Visits

Provider Name and/or Organization		This visit has an additional provider binder in the home <input type="checkbox"/> Yes <input type="checkbox"/> No
Visit Date & Time:		
Reason for Visit:		
Next Visit Date & Time:		
Notes:		
Provider Name and/or Organization		This visit has an additional provider binder in the home <input type="checkbox"/> Yes <input type="checkbox"/> No
Visit Date & Time:		
Reason for Visit:		
Next Visit Date & Time:		
Notes:		



Community Provider Visits

Provider Name and/or Organization		This visit has an additional provider binder in the home <input type="checkbox"/> Yes <input type="checkbox"/> No
Visit Date & Time:		
Reason for Visit:		
Next Visit Date & Time:		
Notes:		
Provider Name and/or Organization		This visit has an additional provider binder in the home <input type="checkbox"/> Yes <input type="checkbox"/> No
Visit Date & Time:		
Reason for Visit:		
Next Visit Date & Time:		
Notes:		



Messages I have for Community Providers

To:			
Date:		Time:	
Message:			
Response/Follow up:			
To:			
Date:		Time:	
Message:			
Response/Follow up:			



Care Templates

Care templates

Organization will lighten your load! This section includes tools, templates, and resources to help you organize and manage your daily routines and activities. Use and adapt this section to fit your needs. Every healthcare journey is different.

How friends and family can help

This template offers guidance when you're looking for support. Friends and family may want to help but may not know how. Keeping a list of tasks you need assistance with can serve as a quick reference for those who offer. Allowing others to share in the workload—big or small—can make daily life much more manageable. Many hands make light work!

Meal planning chart

Meal planning is a simple way to save time. Additional benefits include saving money, eating healthier, reducing grocery trips, and minimizing time spent cooking. If you or the person you are caring for needs support with meals, this chart can also be used to record who is helping and when.

Daily routines

Use this template to track your daily routines. It may be especially useful if you have a complex schedule or receive care from multiple people. If caregivers or healthcare providers come into your home, documenting your routine serves as a backup plan—ensuring others can step in and help when needed.

Body diagram

The body diagram can be used to track pain, sensation, strength, or anything else that is relevant to you or the person you're supporting.

Typical week

This template helps you outline your weekly routine. It can be shared with healthcare providers who come and go from your home, giving them a clearer understanding of what needs to be done each day.

Household routines and preferences

Use this template to record preferences and household routines. Examples include preferred home temperature, when blinds should be opened or closed, or food preparation preferences (e.g., foods kept separate). These details can make a meaningful difference in the quality of care you or your care recipient receives.

Calendar templates

Keeping a calendar is essential for staying organized. It helps you track where you need to be and when, reduces stress, prevents double booking, and helps you plan for days when additional support might be needed. Use the blank templates provided, or your own calendar, to record appointments, procedures, hospitalizations, meetings, and more.

The templates in this section are just a starting point. Feel free to add, modify, or replace any resources in this binder to suit your unique journey.



How Friends and Family Can Help

Task	Who Can Help
<i>e.g. Mowing the Lawn</i>	<i>e.g. George - Neighbour</i>



Meal Planning or Tracking Chart

	Monday	Tuesday	Wednesday
Breakfast	<input type="checkbox"/> Meal support time: _____	<input type="checkbox"/> Meal support time : _____	<input type="checkbox"/> Meal support time : _____
Snack	<input type="checkbox"/> Meal support time : _____	<input type="checkbox"/> Meal support time : _____	<input type="checkbox"/> Meal support time : _____
Lunch	<input type="checkbox"/> Meal support time : _____	<input type="checkbox"/> Meal support time : _____	<input type="checkbox"/> Meal support time : _____
Snack	<input type="checkbox"/> Meal support time : _____	<input type="checkbox"/> Meal support time : _____	<input type="checkbox"/> Meal support time : _____
Dinner	<input type="checkbox"/> Meal support time: _____	<input type="checkbox"/> Meal support time: _____	<input type="checkbox"/> Meal support time: _____
Snack	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____

Date Range:

Allergies/Dietary Restrictions:

Preferences or Considerations:



Meal Planning or Tracking Chart

	Thursday	Friday	Saturday	Sunday
Breakfast	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____
Snack	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____
Lunch	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____
Snack	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____
Dinner	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____
Snack	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____	<input type="checkbox"/> Meal Support Time: _____

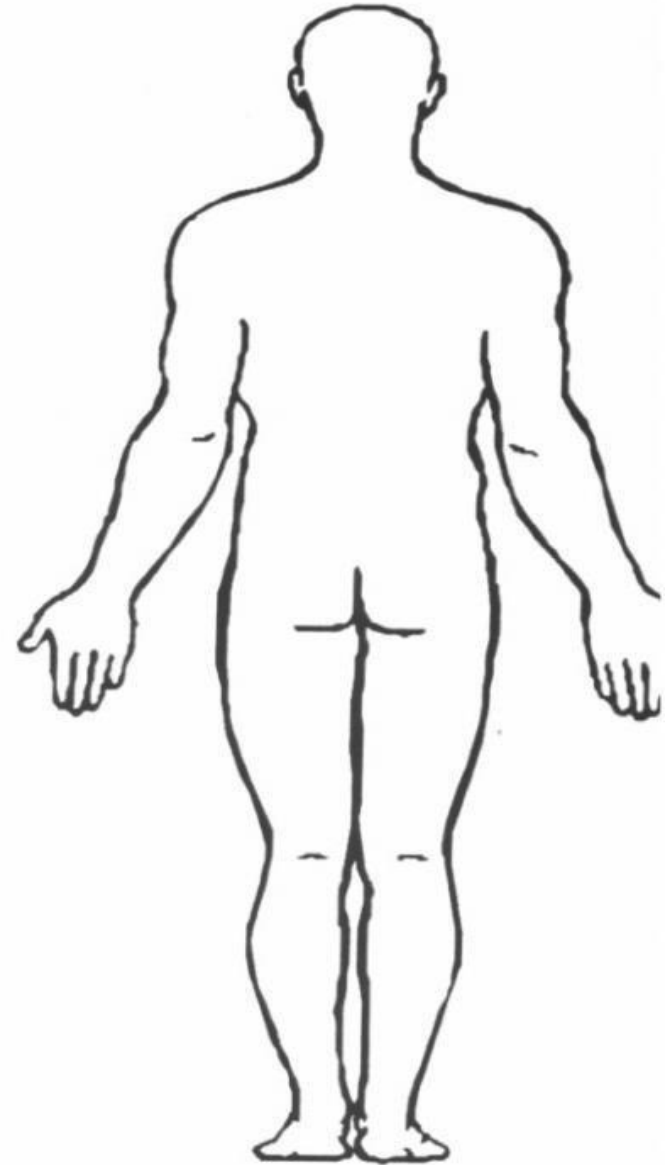
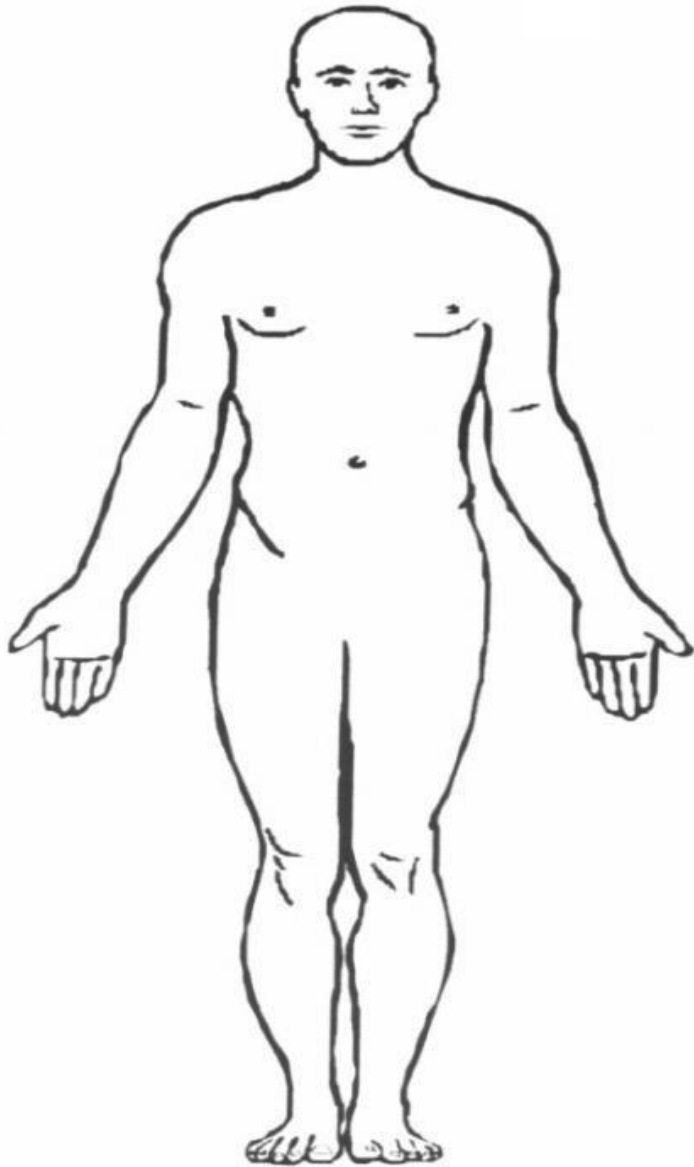


Daily Routines

For Me	For My Caregiver
Monday	Monday
Tuesday	Tuesday
Wednesday	Wednesday
Thursday	Thursday
Friday	Friday
Saturday	Saturday
Sunday	Sunday



Body Diagrams





Typical Week

	Monday	Tuesday	Wednesday	Thursday
Morning				
Afternoon				
Night				



Typical Week

	Monday	Tuesday	Wednesday
Morning			
Afternoon			
Night			

