Caregiver Emergency Binder

Medical and emergency information for someone you care for, in one place

This binder belongs to

Name _____ Primary caregiver _____

Date of birth _____ Caregiver phone _____

Address _____

In an emergency, start with page 2. The Emergency Summary is the one page paramedics and hospital staff need first. Hand it over with the medication list on page 3.

What is inside

2 Emergency Summary: conditions, allergies, medicines, wishes and contacts on one page

3 Medication List, including over-the-counter medicines and supplements

4 Care Team and Emergency Contacts

5 Medical History: conditions, surgeries, hospital stays and vaccines

6 Important Documents: where each one is kept, and what to leave out

7 Hospital Go-Bag Checklist

8 Fall and Home Safety Plan, with medical alert details

9 Weekly Care Log

10 Notes

Review log

Review every 3 months, and straight away after a hospital stay or any change to medicines or doctors.

DATE REVIEWED	REVIEWED BY	WHAT CHANGED

Emergency Summary

Keep it current. A summary that is out of date can mislead.

Recent photo (optional)

Full name _____

Date of birth _____ **Language spoken** _____

Address _____

Phone _____ **Blood type (if known)** _____

☐ Lives alone ☐ Lives with family ☐ Has a home aide

ALLERGIES AND REACTIONS

1. _____
2. _____
3. _____

☐ No known allergies

MEDICAL CONDITIONS

1. _____
2. _____
3. _____
4. _____

MEDICINES (FULL LIST ON PAGE 3)

Tick any that apply:

☐ Blood thinner ☐ Insulin or diabetes medicine ☐ Heart medicine ☐ Seizure medicine ☐ Opioid pain medicine
☐ Steroids

DEVICES, IMPLANTS AND AIDS

☐ Pacemaker or defibrillator ☐ Joint replacement ☐ Insulin pump ☐ Home oxygen ☐ Hearing aids ☐ Glasses
☐ Dentures ☐ Other: _____

THEIR USUAL SELF

Tell the doctors about any sudden change from this.

Memory: ☐ Clear ☐ Some forgetfulness ☐ Dementia diagnosed

Walking: ☐ On their own ☐ Cane ☐ Walker ☐ Wheelchair

Hearing, vision or speech _____

WISHES AND DOCUMENTS

Advance directive: ☐ Yes ☐ No

POLST or DNR form: ☐ Yes ☐ No

Kept at _____

Health care agent _____

Agent phone _____

CONTACTS

Emergency contact 1 _____

Phone _____

Emergency contact 2 _____

Phone _____

Primary doctor _____

Phone _____

Preferred hospital _____

INSURANCE

Plans (Medicare, supplement, drug plan) _____ **Cards are kept** _____

Medication List

Include over-the-counter medicines, vitamins and supplements. Bring this page to every appointment.

MEDICINE AND STRENGTH	HOW MUCH AND WHEN	WHAT IT IS FOR	PRESCRIBED BY	STARTED

Stopped medicines

MEDICINE	DATE STOPPED	WHY IT WAS STOPPED

Pharmacy _____ **Pharmacy phone** _____

Check this list with the pharmacist or doctor whenever a medicine is added, stopped or changed, and after every hospital stay.

Care Team and Emergency Contacts

Put the people to call first at the top.

Family, friends and neighbors

NAME	RELATIONSHIP	PHONE	HAS A KEY

Health care team

ROLE	NAME	PHONE
Primary care doctor		
Specialist		
Specialist		
Specialist		
Dentist		
Eye doctor		
Pharmacy		
Home care agency		
Physical therapist		
Medical alert service		
Insurance helpline		
Other		

Medical History

The background a new doctor or hospital will ask about.

Conditions

CONDITION	DIAGNOSED	DOCTOR TREATING IT

Surgeries and hospital stays

DATE	HOSPITAL	REASON

Vaccines

VACCINE	LAST GIVEN	VACCINE	LAST GIVEN
Flu		COVID-19	
Pneumonia		Shingles	
Tetanus (Td or Tdap)		RSV	
Other		Other	

Ask the doctor or pharmacist which vaccines are due.

Important Documents

Write where each original is kept, not the document itself.

DOCUMENT	WHERE THE ORIGINAL IS	WHO HAS A COPY
Health care power of attorney or proxy		
Advance directive or living will		
POLST or DNR form		
Financial power of attorney		
Will		
Insurance cards		
Photo ID		
Spare house key		
Medical alert account		
Other		

Leave out of this binder: the full Social Security number, bank and credit card numbers, and passwords or PINs. A binder kept by the door can be seen by visitors. If you add copies of insurance cards, keep the binder out of sight.

Give copies of the advance directive to the doctor and the health care agent, and keep the original somewhere it can be found quickly.

Notes

Hospital Go-Bag Checklist

Pack it now, so nothing is forgotten on the way out of the door.

PAPERS

- [ ] Emergency Summary (page 2)
- [ ] Medication List (page 3)
- [ ] Insurance cards
- [ ] Photo ID
- [ ] Copy of advance directive or POLST
- [ ] Care team phone numbers (page 4)

PERSONAL ITEMS

- [ ] Glasses, hearing aids and spare batteries
- [ ] Dentures and case
- [ ] Phone and charger
- [ ] Non-slip socks or slippers
- [ ] Comfortable clothes
- [ ] Toiletries

MEDICAL SUPPLIES

- [ ] Current medicines in their original containers
- [ ] CPAP or breathing equipment
- [ ] Walker, cane or other mobility aid
- [ ] Continence supplies
- [ ] Blood glucose meter (if diabetic)

COMFORT AND CALM

- [ ] Familiar blanket or photo
- [ ] Something to read or do
- [ ] Notepad and pen for questions
- [ ] A list of what calms them (for dementia)
- [ ] Snacks, if allowed

BEFORE YOU LEAVE THE HOUSE

- [ ] Turn off the stove and oven
- [ ] Lock the door and take the keys
- [ ] Call the first emergency contact (page 4)
- [ ] Arrange care for any pets

Go-bag is kept _____ **Last checked** _____

Notes

Fall and Home Safety Plan

Fix the risks you can, and agree now on what to do if a fall happens.

HOME SAFETY CHECK

- [ ] Loose rugs and clutter removed from walkways
- [ ] Grab bars by the toilet and in the shower
- [ ] Bright lighting on stairs and in hallways
- [ ] Night lights from bedroom to bathroom
- [ ] Cords kept along walls, out of the way
- [ ] Everyday items within easy reach
- [ ] Non-slip mats in the bath or shower
- [ ] Handrails secure on both sides of stairs

IF A FALL HAPPENS

1. Stay calm. Check for pain, bleeding or a head injury before helping them up.
2. Do not lift them if they are hurt, cannot get up, or hit their head. Call 911.
3. If they are unhurt, help them roll to their side and get up slowly using a sturdy chair.
4. Write down when, where and how it happened.
5. Tell their doctor about every fall, even one without an injury.
6. Look again at the home safety check and fix what caused it.

Medical alert device

Company _____ **Worn as (pendant, watch)** _____

Phone _____ **Last tested** _____

Falls so far

DATE	WHERE	WHAT HAPPENED	INJURY

Notes

Weekly Care Log

Short notes each day make changes easy to spot. Copy this page as needed.

Week starting _____

DAY	MEDICINES GIVEN	EATING AND DRINKING	SLEEP	MOOD AND BEHAVIOR	NOTES
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

Concerns to raise at the next appointment

Notes

Care preferences, routines that help, and anything a backup caregiver should know.

Want to type it in on screen?

The Aging Parent Medical & Emergency Binder is the full fillable version: 41 pages across seven sections, from emergency and medicines to appointments, documents and family, plus a Health Tracker Pack. **shop.elderlydaily.com/l/aging-parent-medical-emergency-binder**

This binder organizes information only. It is not medical or legal advice. Confirm medicines and care plans with the doctor or pharmacist.