

Patient File Checklist

Creating a Patient File for the person you are caring for is a vital and valuable caregiving resource. The time you invest in creating and maintaining it will save you hours of stress and confusion later. The information in this file will be your lifeline during medical appointments, emergencies, and daily care decisions.

CHOOSE YOUR FORMAT:

- Paper binder or folder
- Electronic files on your device
- Combination of both

Pick whatever system you'll actually use and update regularly.

SET UP A STORAGE SYSTEM:

- Place it where you can grab it instantly (whether paper or electronic format)
- Make it accessible for emergencies
- Ensure it's portable for appointments

KEEP IT CURRENT:

Update information immediately after medical visits, medication changes, or new diagnoses. An outdated file is useless when you're facing a medical crisis.

MAKE IT SHAREABLE:

Organize information so you can quickly find and share details with doctors, specialists, or other family members when needed.

FILE(S) LOCATION: ☐ Digital ☐ Physical

Location Description: _____

WHAT SHOULD GO IN THE PATIENT FILE?

• CARE RECIPIENT'S MEDICAL HISTORY

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Physician Contact Information |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Health history (e.g. surgeries, other medical conditions) |

• ☐ MEDICATION LIST

• INSURANCE INFORMATION

- | | | |
|--|---|--|
| <input type="checkbox"/> Private medical insurance | <input type="checkbox"/> Medicare/Medicaid | <input type="checkbox"/> Dental and Vision Insurance |
| <input type="checkbox"/> Prescription plan | <input type="checkbox"/> Long-term care insurance | |

• LEGAL DOCUMENTS

- | | | |
|--|--|---|
| <input type="checkbox"/> Living Will | <input type="checkbox"/> Power of Attorney for Finances | <input type="checkbox"/> Do Not Resuscitate (DNR) Order |
| <input type="checkbox"/> Durable power of attorney for Health Care (also known as a Health Care Proxy) | <input type="checkbox"/> Contact information for care recipient's lawyer | |

NOTES: _____
