

Personal Health Organizer

A Healthcare Information Workbook

For aging in place and family caregivers.

This Organizer Belongs To

Location for this Organizer

Digital/Backup Copy Location



Visit our website,
senseableliving.com

Purpose of This Organizer

Why Use a Personal Health Organizer?

This Personal Health Organizer is designed to keep the care receiver's updated healthcare information organized and easy to find:

- Paid Caregivers
- Family members and caregivers
- Healthcare team

Having essential information in one place reduces stress, prevents medication errors, and gives everyone involved in care — new caregivers starting their first shift, family members at appointments, or emergency responders — a single, reliable source of truth.

Many people find that an old-fashioned 3-ring binder works well across generations. You can even have a little fun with it: choose a bright color or themed cover that's easy to spot. We kept ours in a dedicated "go bag" alongside anything else needed for doctor visits, so it was always ready and easy to find.

This organizer covers a range of conditions — fill in only what applies to your situation. Store it in a consistent spot. Let all caregivers and family members know where it is, and consider leaving a note on the refrigerator as a quick reference. Near the main door makes it easily findable when it's really needed.

Keep this organizer up to date. Review and update it whenever medications change, new providers are added, or after any significant health event. Over time, you may need to reprint pages or print more than 1 copy of a page.

Table of Contents

Section 1: Personal Profile & Healthcare Team	5
Key identification, insurance, and provider contacts	5
PERSONAL INFORMATION	5
CARE GOALS & PREFERENCES	6
EMERGENCY CONTACTS	7
RESPITE PLAN	8
INSURANCE INFORMATION	9
HEALTHCARE TEAM	9
Section 2: Life Story	10
Helping caregivers know the whole person	10
PERSONAL BACKGROUND / LIFE STORY	10
FAMILY BACKGROUND	10
SCHOOL & EDUCATION HISTORY	11
OCCUPATION / CAREER HISTORY	11
LIFE HIGHLIGHTS / IMPORTANT MEMORIES	12
PREFERENCES	13
INTERESTS, HOBBIES & ACTIVITIES	14
Section 3: Advance Directives	15
Legal documents guiding medical decision-making	15
DECISION-MAKING CAPACITY	15
HEALTH CARE POWER OF ATTORNEY (HCPOA)	16
LIVING WILL	17
DO NOT RESUSCITATE (DNR) STATUS	18
OTHER DIRECTIVES / DOCUMENTS	20
Section 4: Health History	21
Medical conditions, surgeries, and procedures	21
TECHNOLOGY & PORTAL INFORMATION	21
HEALTH SNAPSHOT	22
VITALS & SYMPTOM TRACKING	24
CURRENT & ONGOING HEALTH PROBLEMS	25
PAST SURGERIES & PROCEDURES	26
URGENT CARE & ER VISIT LOG	27

IMMUNIZATION HISTORY	28
KNOWN ALLERGIES	29
Section 4: Medications	30
Pharmacy information, current medications, and allergies	30
PHARMACY INFORMATION	30
MEDICATION MANAGEMENT	31
CURRENT MEDICATION LOG	32
DISCONTINUED MEDICATIONS	33
Section 5: Self-Care & Daily Routine	34
Abilities, adaptive equipment, and daily schedule	34
PERSONAL CARE ABILITIES & NEEDS	34
MEALS & NUTRITION NEEDS	36
HOUSEHOLD TASKS / CHORES	37
ADAPTIVE DEVICES & EQUIPMENT	38
DAILY ROUTINE	39
WEEKLY ACTIVITIES	40
APPOINTMENTS, TRIPS, AND IMPORTANT EVENTS	41
COMMUNITY RESOURCES & TRANSPORTATION	42
NUTRITION & HYDRATION TRACKING	43
Section 6: Appointment Preparation	44
Provider visit notes	44
APPOINTMENT	45
APPOINTMENT	47
APPOINTMENT	49
APPOINTMENT	51
Section 7: Notes	53
Additional information and observations	53

Section 1: Personal Profile & Healthcare Team

Key identification, insurance, and provider contacts

PERSONAL INFORMATION

Full Legal Name

Preferred Name

Date of Birth/Age

Primary Language

Address

City / State / Zip

Home Phone

Cell Phone

Email Address

Religious / Spiritual Preference

CARE GOALS & PREFERENCES

What matters most to this person?

Quality of Life Priorities

Hospital Avoidance Preference

Comfort vs. Longevity Preferences

EMERGENCY CONTACTS

Preferred Hospital / Medical Center (Name, Address, Phone)

Preferred Pharmacy (Name, Address, Phone)

Name	Relationship	Phone	Address / Notes
Primary			
Backup			
Agency			
Transport			

RESPITE PLAN

Respite is a planned break for the primary caregiver, with someone else stepping in to ensure care continues safely. A respite plan keeps care on track when the primary caregiver is unavailable. Plan before you need it:

- Emergency contacts are posted
- Medication schedule is written out
- Equipment instructions are included
- Everyone knows where this binder is kept

Top 3 things a backup caregiver must know

Any time-sensitive care tasks (medications, feeding schedule, equipment checks)

Name	Relationship	Phone	Address / Notes / Availability
Primary Respite Caregiver			
Backup Respite Caregiver			
Respite Agency			

INSURANCE INFORMATION (Attach insurance card copies)

Insurance Type	Company Plan Name	Policy Member ID	Phone Website
Medicare			
Medicaid			
Supplemental Medigap			
Part D Prescription			
Other Insurance			
Dental Vision			

HEALTHCARE TEAM

Provider Name	Specialty Role	Phone	Address - Health System Notes
Primary Care Physician	Primary Care		
Specialist			

Section 2: Life Story

Helping caregivers know the whole person

Every person has a unique story. This section helps caregivers learn who they are caring for — their history, values, preferences, and passions — building connection and compassion.

PERSONAL BACKGROUND / LIFE STORY

Preferred Name / Nickname

Place of Birth

Religious / Spiritual Practices

FAMILY BACKGROUND

Parents' Names / Heritage / Cultural Background

Siblings (names, relationships)

Spouse(s) / Partner(s) (name, years together)

Children (names, ages, location)

Grandchildren / Extended Family

SCHOOL & EDUCATION HISTORY

Schools Attended / Highest Level of Education

Favorite Subjects / Degrees / Certificates

OCCUPATION / CAREER HISTORY

Primary Career / Occupation

Years Worked / Retirement Date

LIFE HIGHLIGHTS / IMPORTANT MEMORIES

PREFERENCES

Category	Likes / Favorites / Dislikes
Favorite Foods	
Foods Disliked / Won't Eat	
Favorite Beverages	
Favorite Music / Artists / Era	
Favorite Movies / TV Shows	
Favorite Sports Teams / Activities	
Favorite Places to Visit	
Favorite Books / Magazines / Newspapers	
Preferred Way to Spend Mornings	
Preferred Way to Spend Evenings	
Things That Bring Comfort	
Things That Cause Distress or Upset	

INTERESTS, HOBBIES & ACTIVITIES

Activities / Games	Hobbies / Creative Interests	Social / Community Interests

Other interests, personality notes, or important things caregivers should know:

Section 3: Advance Directives

Legal documents guiding medical decision-making

This section is a quick-reference summary only — NOT legally binding. Always rely on the original signed documents, keep copies on file, and ensure all caregivers know where they are stored.

DECISION-MAKING CAPACITY

Is this person currently able to make their own medical decisions?

Yes No Date assessed _____

How was this determined (physician documentation, medical tests)?

HEALTH CARE POWER OF ATTORNEY (HCPOA)

The Health Care Power of Attorney designates a person to make medical decisions on behalf of the care receiver when they are unable to do so.

HCPOA Agent Name

Relationship

Primary Phone

Alternate Phone

Address

City / State / Zip

Document Date

Document Location

A copy of HCPOA has been provided to

Name	Role	Date Copy Provided

LIVING WILL

Document Date

Document Location

Summary of Key Wishes (optional brief description)

A copy of the Living Will has been provided to

Name	Role	Date Copy Provided

DO NOT RESUSCITATE (DNR) STATUS

DNR Status:

- DNR Order in Place
- Full Code (Resuscitate)
- Unknown / Not Established

DNR Order Date

Ordering Physician

Location of Signed DNR Document

DNR Bracelet Information

In many states, a legally recognized DNR bracelet allows emergency medical responders to honor a DNR order outside of a healthcare facility. A valid DNR bracelet must typically be engraved (not just a tag) and may require a physician's signature or a state-specific form.

Bracelets with the words "Do Not Resuscitate" may NOT be legally recognized in all states.

How to obtain a legal DNR bracelet:

1. Step 1: Ask your physician to complete your state's official out-of-hospital DNR form (e.g., POLST, MOLST, or DNR-Comfort Care, depending on your state).
2. Step 2: Contact your state health department or the National POLST Registry to learn your state's specific requirements.
3. Step 3: Purchase an engraved medical-alert bracelet from a provider such as MedicAlert Foundation (www.medicalert.org) or a licensed medical jeweler that meets your state's standards.
4. Step 4: Keep the original signed DNR document with this organizer AND posted in a visible location (e.g., on the refrigerator or by the bed).

Does the person have a legal DNR bracelet?

Yes No

Bracelet Location

A copy of DNR has been provided to

Name	Role	Date Copy Provided
In this binder		

OTHER DIRECTIVES / DOCUMENTS

Document Name	Date	Location / Who has the document
POLST / MOLST Form		
Trust		
Final Will		
Financial Power of Attorney		

Section 4: Health History

Medical conditions, surgeries, and procedures

TECHNOLOGY & PORTAL INFORMATION

In this section, include the healthcare system name and URL. Do not record usernames and passwords here directly; they must be stored more securely than this binder.

Patient Portal Used

Telehealth Platform

Medication Reminder App

Location of Secure Password Storage:

HEALTH SNAPSHOT

Date Height Weight Blood Pressure Blood Type

Food Allergies / Dietary Restrictions

Baseline Cognition

Baseline Mobility

Baseline Behavior

Triggers

Calming Strategies

Redirection Techniques

Sundowning Patterns

PAST SURGERIES & PROCEDURES

Include all past surgeries, major procedures, hospitalizations, and significant medical events. Update with new surgeries and procedures.

Surgery / Procedure / Hospitalization	Date	Provider / Facility

Section 4: Medications

Pharmacy information, current medications, and allergies

PHARMACY INFORMATION

1 Pharmacy Name Phone Number Hours

Address City / State / Zip

Primary Pharmacist Name Prescription Account / ID

2 Pharmacy Name Phone Number Hours

Address City / State / Zip

Primary Pharmacist Name Prescription Account / ID

3 Pharmacy Name Phone Number Hours

Address City / State / Zip

Primary Pharmacist Name Prescription Account / ID

MEDICATION MANAGEMENT

Type of Pill Box (Simple daily, alarm-based, self-dispensing)

Pill Box Location

Person Responsible for Filling Box

Backup Person Responsible for Filling Box

Person Who Administers Medications

Backup Medication Administrator

CURRENT MEDICATION LOG

Your pharmacist can run your current and past lists for the past year. Update this log every time a medication is added, changed, or stopped. Bring this page to all medical appointments.

Date Ordered	Medication Name	Purpose / Condition	Dose / Strength	Route / Frequency	Special Instructions	Side Effects	Pharmacy

Section 5: Self-Care & Daily Routine

Abilities, adaptive equipment, and daily schedule

Use this section to document the person's current functional abilities and support needs. Update after any significant change in health status.

PERSONAL CARE ABILITIES & NEEDS

Assessment / Observation Date: _____

Personal Care Task	Date Observed	Independence Level	Notes
Bathing / Showering		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Dressing / Undressing		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Grooming (hair, nails, shaving)		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Oral Care (brushing teeth)		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Toileting		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Continence Management		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Medication Management		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Transferring (bed to chair)		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	

Walking / Mobility		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Climbing Stairs		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	

Safety Concerns and Notes

MEALS & NUTRITION NEEDS

Task	Date Observed	Independence Level	Notes
Grocery Shopping		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Meal Preparation		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Cutting / Handling Food		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Stove / Oven Use		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Clean-up		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Self-Feeding		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Fluid Management		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Special Diet		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	

Safety Concerns and Notes

HOUSEHOLD TASKS / CHORES

Task	Date Observed	Independence Level	Notes
Laundry		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Light Housecleaning		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Transport		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Errands / Shopping		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Managing Finances / Bills		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	
Using the Telephone / Technology		<input type="checkbox"/> Independent <input type="checkbox"/> With Assist <input type="checkbox"/> Unable	

Safety Concerns and Notes

ADAPTIVE DEVICES & EQUIPMENT

Device / Equipment	Description / Brand	Notes for Use / Caregiver Instructions
Hearing Aid (Bluetooth, recharging)		
Cane / Walking Poles		
Rollator / Walker		
Stair lift		
Grab bars		
Toilet seat adaptations		
Transfer aids (transfer bench for bathing, transfer rail for bed)		

DAILY ROUTINE

Document the person's typical daily and weekly schedule to help caregivers maintain consistency. May include meals, dressing, sleeping, socializing, exercise, hobbies, TV, reading, and more.

Time	Routine / Activities / Notes / Location
Wake-Up	
Morning Routine	
Breakfast	
Mid-Morning	
Lunch	
Afternoon	
Dinner	
Evening Routine	
Bedtime	

WEEKLY ACTIVITIES

What days do activities generally happen?

Sun	
Mon	
Tues	
Wed	
Thurs	
Fri	
Sat	

Appointments, trips, and important events

Digital Calendar Option: Many families find it helpful to use a shared digital calendar (such as Google Calendar, Apple Calendar, or Outlook) so that caregivers, family members, and the care team can all see upcoming appointments in real time. Another option is to keep a paper monthly calendar nearby. Do not record usernames and passwords here directly; they must be stored more securely than this binder.

Shared Calendar Name / Link / Location

Calendar Shared With (names or roles)

Paper Calendar Location

COMMUNITY RESOURCES & TRANSPORTATION

Include in-person addresses or online URLs.

Paratransit

Senior Center

Meals on Wheels

Church Groups

Community Groups

Support Groups

Section 6: Appointment Preparation

Provider visit notes

Use this section before and during each healthcare provider visit.

See the following pages to fill out and print to take with you to medical appointments to record questions, concerns, and provider responses.

APPOINTMENT

Provider Name

Specialty / Role

Appointment Date & Time

Appointment Location / Telehealth

Phone Number

Reason for Visit

Questions to Ask / Concerns to Discuss

Questions / Concerns	Provider Response / Notes

Follow-Up / Action Items

New prescriptions or changes

Referrals or tests ordered (Were tests done during visit?)

Next appointment date / Follow-up instructions

APPOINTMENT

Provider Name

Specialty / Role

Appointment Date & Time

Appointment Location / Telehealth

Phone Number

Reason for Visit

Questions to Ask / Concerns to Discuss

Questions / Concerns	Provider Response / Notes

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Reason for Visit

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Questions / Concerns	Provider Response / Notes

Follow-Up / Action Items

New prescriptions or changes

Referrals or tests ordered (Were tests done during visit?)

Next appointment date / Follow-up instructions

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Specialty / Role

Appointment Date & Time

Appointment Location / Telehealth

Phone Number

Reason for Visit

Questions to Ask / Concerns to Discuss

Questions / Concerns	Provider Response / Notes

Follow-Up / Action Items

New prescriptions or changes

Referrals or tests ordered (Were tests done during visit?)

Next appointment date / Follow-up instructions

Section 7: Notes

Additional information and observations