

# Dementia Care Plan

This fillable dementia care plan is designed to help you keep track of important details like medical history, daily routines, and personal preferences—all in one place. Whether you’re coordinating care with family members or working alongside professionals, this tool can support consistent, compassionate care tailored to your loved one’s unique needs.

## Basic Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Current Stage of Dementia

**Early Stage:** Mild memory loss and confusion may begin. Your loved one might have trouble remembering names, recent events, or managing daily tasks but can often live independently with minimal support.

**Middle Stage:** Memory and thinking difficulties become more noticeable. Your loved one may need assistance with daily activities, experience changes in mood or behavior, and have increased trouble with communication or recognizing familiar people.

**Late Stage:** Dementia significantly impacts physical abilities and communication. Your loved one may require full-time care and support with all aspects of daily living, including eating, mobility, and personal care.

## Emergency Contact Information

Name	Phone Number	Relation

# Medication Schedule & Dosage

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Medication	Frequency	Time	Dose

Additional Notes:

# Home Safety Considerations

As dementia progresses, symptoms like wandering and confusion can become serious safety concerns. Record your loved one’s symptoms here to identify safety concerns before they become emergencies, which makes it easier to see patterns over time.

## How to Use This Checklist:

1. Check the items that apply to your loved one.

2. Add notes or dates to track when issues occur or change.
3. Review regularly to see if new risks appear.

4. Share with doctors or care providers to guide care decisions.

Wandering inside the home	Difficulty using the bathroom independently	Leaving water running or flooding risk
Wandering outside or attempting to leave the home	Risk of falling due to poor balance or coordination	Difficulty managing temperature settings (thermostats, stove, faucet)
Difficulty recognizing familiar places or rooms	Misusing medications or forgetting to take them	Susceptibility to scams or opening the door to strangers
Forgetting to turn off stove, oven, or appliances	Consuming spoiled food or non-food items	Becoming anxious or agitated by mirrors or reflective surfaces
Unsafe use of electrical items or outlets	Confusing cleaning products or chemicals for food/drink	Fear or confusion with pets or household noises
Leaving doors unlocked or open	Difficulty operating door locks or keys	Difficulty recognizing emergency situations
Inability to recognize unsafe situations (fire, water leaks)	Becoming disoriented in the home	Resistance or confusion using safety equipment
Difficulty using stairs or uneven flooring safely	Inappropriate handling of sharp objects (knives, scissors)	
Slipping or tripping hazards (rugs, cords, clutter)	Unsafe use of matches, lighters, or candles	

## Medical History & Known Health Conditions

Please use this section to share your loved one's medical history and any known health conditions.

This information helps ensure consistent care and allows other family members or care providers to stay informed and provide support that aligns with your loved one's needs.

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# Personal Care Preferences

Please share your loved one’s preferences to help ensure their care feels familiar, comfortable, and respectful.

## Morning Routine

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## Bathing and/or Grooming Preferences

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## Clothing Preferences

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## Toileting Needs or Assistance Required

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## Dietary Needs & Preferences

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## Additional Considerations

Please use this section to share any additional information or considerations about your loved one that may be helpful or necessary for a caregiver to know about them.

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