AGE AT HOME
HELPING FAMILIES CARE AT HOME
MORE CONFIDENCE • MORE DIGNITY • A BRIGHTER TOMORROW

A LITTLE CARE, EVERY MONTH

Monthly Care Check Sheet

A small pause to check supplies and notice everyday changes.

Month / date: _____ Name or initials: _____

Use alongside Mom or Dad's existing care plan. Keep this sheet private.

☐ Supplies running low

Check packs, sizes and quantities. What needs replacing before it runs out?

☐ Skin changes

Note any new redness, soreness or changes you have noticed.

☐ Continence changes

Has the usual pattern, comfort or changing routine changed?

☐ Eating and drinking

Note changes in appetite or drinks taken, following the existing care plan.

☐ Medication and routine reminders

Check the current list, refill dates and appointments. Follow prescribed instructions.

☐ Mobility and falls changes

Note a fall, near fall or any change in getting up, walking or moving safely.

☐ Anything else unusual

Write down changes or questions to discuss with a healthcare professional.

What we need to follow up, and with whom:

A reminder sheet, not a diagnosis or treatment guide. Do not wait for the monthly check if you are concerned about a change. For an emergency, seek urgent medical help.