

# The Gift of Caring

## BASELINE and HEALTH HISTORY SHEET

From: *The Gift of Caring: Saving Our Parents from the Perils of Modern Healthcare* Copyright 2015 by Marcy Cottrell Houle, MS and Elizabeth Eckstrom, MD, MPH 2015 (For more information, SEE CHAPTER 27: “The Most Important Word That Can Save Your Loved One’s Life” and APPENDIX 2: “Health History Sheets: What Every Senior Must Have”)

SENIOR’S NAME

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Address

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Date of Birth

Date of Health History Form

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FAMILY CONTACT PERSON: Name; relationship; phone number

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### DOCTORS

Primary Care Provider’s Name and Phone Number:

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Specialty Doctor’s Name and Phone Number (eg, heart doctor):

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Additional Specialty Doctor’s Name and Phone Number:

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Insurance:

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### CURRENT MEDICATIONS

**Morning Medications (indicate if WITH or WITHOUT food):**

NAME and DOSAGE

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NAME and DOSAGE

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**Lunch:**

NAME and DOSAGE

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NAME and DOSAGE

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**Dinner:**

NAME and DOSAGE

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NAME and DOSAGE

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**Bedtime (indicate WITH or WITHOUT food):**

NAME and DOSAGE

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NAME and DOSAGE

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### ALLERGIES

List known allergies here.

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**POLST or MOLST: (Physician Orders for Life-Sustaining Treatment): Yes/No?**

## SENIOR'S CURRENT HEALTH: BASELINE

This should be reviewed with the primary care doctor at each visit. It should be a succinct summary of their personal and medical history (including medical issues like heart failure, diabetes, urinary tract infections, dementia, falls, etc.), and should accurately record their current cognitive and physical status. Vision and hearing problems should be noted, as should other symptoms that trouble the patient on a regular basis (falls, dizziness, low blood pressure, insomnia, depression, etc.). If the senior has been hospitalized, include a sentence or two about the reason for hospitalization and how their recovery is going.

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## SENIOR'S ACTIVITIES OF DAILY LIVING or "ADL's"

Date:

<i>Activity</i>	<i>Independent</i>	<i>Needs Some Help</i>	<i>Needs Full Assistance</i>
Dressing			
Bathing			
Toileting			
Eating			
Walking:			
Using a walker?			
Using a cane?			
Transferring			
Cooking			
Using the telephone			
Managing finances			
Managing medications			
Shopping			
Doing laundry			
Doing housekeeping			
Going to places beyond walking distance			
Driving? (yes or no)			
Hearing aid management			