Qualicare

A FAMILY ORGANIZER FROM QUALICARE

One Place Care Binder

Everything you need, all in one place

> Keep this binder somewhere easy to find. Bring it to appointments and hospital visits, and share it with the people who help with care. Fill in what you know today and add the rest over time.

This binder belongs to			
Kept up to date by		**Phone**	
Date started			
If found, please call			

CONTENTS

What's in this binder

Qualicare

Start with section 1. Those pages matter most in an emergency.

Fill in what you know. Leave the rest blank and add it later. Pencil works well for things that change, like medicines.

Print extra copies of any page you need more of, like logs, appointment notes and address pages.

Keep it safe. This binder holds private details. Store it somewhere secure and tell a trusted person where it is.

01 Health basics	3
Personal and Medical Information	4
Medications and Supplements	5
Allergies, Surgeries and Conditions	6
Emergency Contacts	7

02 Records and trackers	8
Vaccine Record	9
Dental Visits	10
Symptom Log	11
Monthly Symptom Tracker	12
Blood Sugar Log	13
Blood Pressure Log	14
Daily Living Checklist	15

03 Doctor and hospital visits	16
Hospital Stay Information	17
Daily Questions for the Care Team	18
Appointment Notes	19

04 Money and legal	20
Financial Contacts	21
Income Sources	22
Bank and Investment Accounts	23
Bills, Loans and Credit Cards	24
Charitable Giving	25
Online Accounts and Passwords	26

05 Home	27
Home Information	28
Utilities and Services	29
Household Help	30
Rental Property Information	31
Tenant Information	32

06 Calendars and contacts	33
Weekly Planner	34
Birthdays and Special Dates	35
Address Book	36
Notes	37

Qualicare

01

SECTION 1

Health basics

Medical details, medicines and emergency contacts. Grab these pages first in an emergency or at a new appointment.

Personal and Medical Information	4
Medications and Supplements	5
Allergies, Surgeries and Conditions	6
Emergency Contacts	7

Personal and Medical Information

Qualicare

Name		**Date updated**	
Address			
Phone		**Date of birth**	
Health card or Medicare number			

Health insurance

Coverage	Insurance company or plan	Policy or member #	Phone
Primary			
Secondary			

Legal papers

Power of attorney for health care		**Phone**	
Advance directive or living will?	☐ Yes ☐ No ☐ Not sure	**Where is it kept?**	
Do not resuscitate order (DNR, POLST or similar)?	☐ Yes ☐ No ☐ Not sure	**Where is it kept?**	

Doctors and specialists

Doctor's name	Specialty	Phone	Email	Online patient portal?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Preferred hospital			
Preferred pharmacy		**Phone**	

Medications and Supplements

Qualicare

Name		Date updated	

Medicine, vitamin or supplement	Dose	When and how often	What it's for	Prescribed by	Start date

Allergies, Surgeries and Conditions

Qualicare

Allergies		
Allergy	**Reaction**	**What helps (medicine or treatment)**

Surgeries and hospital stays		
Year	**Surgery or reason for hospital stay**	**Hospital or location**

Blood type		**Ever had a reaction to a blood transfusion?**	
Special diet or foods to avoid			

Aids and devices

☐ Glasses	☐ Hearing aids	☐ Pacemaker	☐ Walker	☐ Wheelchair
☐ Contact lenses	☐ Dentures	☐ Metal implant	☐ Cane	☐ Other: _____

Health conditions (check all that apply)

☐ Alzheimer's disease or dementia	☐ Depression	☐ High blood pressure
☐ Anxiety or panic attacks	☐ Diabetes	☐ Hormone or thyroid problems
☐ Arthritis	☐ Dizziness or fainting	☐ Immune system problems
☐ Asthma or breathing problems	☐ Epilepsy or seizures	☐ Limited use of arms or legs
☐ Back problems	☐ Eye problems (not just glasses)	☐ Low iron (anemia)
☐ Bladder or kidney problems	☐ Glaucoma	☐ Mental health condition
☐ Bleeding or clotting problems	☐ Gynecological problems	☐ Migraines or bad headaches
☐ Bowel problems	☐ Hearing loss	☐ Nerve or brain condition
☐ Cancer or leukemia	☐ Heart disease	☐ Stomach problems or ulcers
☐ Chest pain or pressure	☐ Heart failure	☐ Stroke
☐ COPD	☐ Hernia	☐ Swollen or painful joints

Other conditions	

Emergency Contacts

Qualicare

Name	Relationship	Cell phone	Other phone	Notes (has a key, best time to call)

Notes

Qualicare

02

SECTION 2

Records and trackers

Logs for vaccines, dental visits, symptoms, blood sugar, blood pressure and everyday activities.

Vaccine Record	9
Dental Visits	10
Symptom Log	11
Monthly Symptom Tracker	12
Blood Sugar Log	13
Blood Pressure Log	14
Daily Living Checklist	15

Vaccine Record

Ask your doctor or pharmacist which vaccines are due. Many pharmacies can print a full vaccine history.

Qualicare

Name		Date of birth	

Vaccine	Type or brand	Date given	Given by	Next dose due
COVID-19				
Flu (influenza)				
RSV				
Shingles (zoster)				
Pneumonia (pneumococcal)				
Tetanus, diphtheria, whooping cough (Td or Tdap)				
Hepatitis A				
Hepatitis B				
Measles, mumps, rubella (MMR)				
Chickenpox (varicella)				

Dental Visits

Track cleanings, fillings, dentures and other dental work.

Qualicare

Name		Date of birth	
Dentist		Phone	

Date	Dentist	What was done	Which teeth	Next visit

Notes

Symptom Log

Write a symptom down when it happens.

Qualicare

Name		Date of birth	

Date	Time	Symptom	How long it lasted	What was going on (food, medicine, activity)

Monthly Symptom Tracker

Write one symptom on each row, then check off each day it happens.

Qualicare

Name		Month		Year	

Symptom	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Blood Sugar Log

Qualicare

Name		Week of		Units	☐ mmol/L ☐ mg/dL
Target range from your doctor					

Day		Morning	Lunch	Dinner	Bedtime	Activity and notes
Sunday	Reading					
	Medicine					
Monday	Reading					
	Medicine					
Tuesday	Reading					
	Medicine					
Wednesday	Reading					
	Medicine					
Thursday	Reading					
	Medicine					
Friday	Reading					
	Medicine					
Saturday	Reading					
	Medicine					

Blood Pressure Log

Check at about the same times each day, after sitting quietly for a few minutes.

Qualicare

Name		Target from your doctor	

Date	Time	Top number (systolic)	Bottom number (diastolic)	Pulse	Notes (arm used, how you felt)

Daily Living Checklist

Check how much help is needed with each activity. Fill in a new copy every few months, or after a fall or hospital stay, to see what has changed.

Qualicare

Name		Date checked	

Activity	Does it alone	Needs some help	Can't do it	Equipment or help needed
Walking	☐	☐	☐	
Getting in and out of bed or a chair	☐	☐	☐	
Eating	☐	☐	☐	
Dressing	☐	☐	☐	
Bathing or showering	☐	☐	☐	
Using the toilet	☐	☐	☐	
Taking medicines	☐	☐	☐	
Cooking	☐	☐	☐	
Cleaning the house	☐	☐	☐	
Laundry	☐	☐	☐	
Shopping	☐	☐	☐	
Driving or getting to appointments	☐	☐	☐	
Managing money and bills	☐	☐	☐	
Using the phone	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	

Notes

Qualicare

03

SECTION 3

Doctor and hospital visits

Contacts and questions for hospital stays, plus notes for each appointment.

Hospital Stay Information	17
Daily Questions for the Care Team	18
Appointment Notes	19

Hospital Stay Information

Fill this in during a hospital stay, and bring the Personal and Medical Information page with you.

Qualicare

Name		**Date updated**	
Hospital		**Room #**	
Date admitted		**Main reason for stay**	

Family contacts

Main family contact		**Phone**	
Second family contact		**Phone**	
People who should NOT get information			

Hospital routines

When do doctors usually visit (rounds)?	
When do nurses change shifts?	
Visiting hours	
Visitor rules	

Care team

Role	Name	Phone	Best way to reach
Attending doctor			☐ Call ☐ Text
Day nurse			☐ Call ☐ Text
Night nurse			☐ Call ☐ Text
Social worker			☐ Call ☐ Text
Discharge planner			☐ Call ☐ Text
			☐ Call ☐ Text
			☐ Call ☐ Text

Notes

Daily Questions for the Care Team

Use one copy for each day of a hospital stay.

Qualicare

Dear care team, thank you for looking after our family member. We'll call once a day with the questions below. We know you're busy, so this page keeps each call short.

Today's date		Staff member who answered	

Question	No change	Answer and notes
Any new or changed diagnosis?	☐	
Any new or changed medicines?	☐	
Any symptoms or side effects we should watch for?	☐	
How are their appetite and eating?	☐	
How are they responding to treatment?	☐	
Is a discharge date planned?	☐	
Other questions:	☐	

Notes

Appointment Notes

Bring this page to each visit and write the answers down before you leave.

Qualicare

Doctor or provider		**Date**	
Reason for visit			
What the doctor recommended			

New medicine			
Medicine name		**Sent to pharmacy?**	☐ Yes ☐ No
What it's for			
Dose		**When to take it**	
How to take it	☐ With food ☐ On an empty stomach ☐ Either is fine		
Side effects to watch for			
Medicines or foods to avoid with it			

Next steps			
Follow-up needed?	☐ Yes ☐ No ☐ Not sure	**With whom**	
When		**Phone**	
To-do list			

Notes

Qualicare

04

SECTION 4

Money and legal

Financial contacts, income, accounts, bills, donations and passwords.

Financial Contacts	21
Income Sources	22
Bank and Investment Accounts	23
Bills, Loans and Credit Cards	24
Charitable Giving	25
Online Accounts and Passwords	26

Financial Contacts

List the people who help with money and legal matters, so family knows who to call.

Qualicare

Role	Name	Company	Phone	Email
Financial advisor				
Accountant or bookkeeper				
Lawyer or notary				
Power of attorney for finances				
Bank contact				
Insurance agent				

Where important papers are kept (will, deeds, tax returns)	

Notes

Income Sources

List each regular payment that comes in. Write only the last 4 digits of account numbers.

Qualicare

Name		Date updated	

Source	Paid into account (last 4 digits)	About how much each month	Day of month paid	How it's paid
Government pension (Social Security, CPP or OAS)				☐ Deposit ☐ Mail
Work or company pension				☐ Deposit ☐ Mail
Veterans benefits				☐ Deposit ☐ Mail
Retirement savings or investments				☐ Deposit ☐ Mail
Rental income				☐ Deposit ☐ Mail
				☐ Deposit ☐ Mail
				☐ Deposit ☐ Mail
				☐ Deposit ☐ Mail
				☐ Deposit ☐ Mail

Applied for veterans' benefits that help pay for care at home?	☐ Yes ☐ No ☐ Not sure

Notes

Bank and Investment Accounts

Write down where each account is held. Use only the last 4 digits of account numbers.

Qualicare

Name		Date updated	

Bank or company	Branch and phone	Account type	Last 4 digits	Notes (joint owner, online access)

Bills, Loans and Credit Cards

List anything paid each month so payments don't get missed.

Qualicare

Name		Date updated	

Company	Type (card, loan, bill)	Last 4 digits	About how much is owed	Monthly payment	Due date	Autopay?
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No

Charitable Giving

Record regular donations so family can keep them going or stop them if plans change.

Qualicare

Charity	Amount	How often	Autopay?	Website or contact	Notes
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		

Notes

Online Accounts and Passwords

Keep this page somewhere safe and update it when a password changes.

Qualicare

Account or website	Username or email	Password	Notes

Qualicare

05

SECTION 5

Home

Home details, utilities, household help and rental properties.

Home Information	28
Utilities and Services	29
Household Help	30
Rental Property Information	31
Tenant Information	32

Home Information

Record whether the home is owned or rented and who to call about it.

Qualicare

Street address					
City		**Province or state**		**Postal or ZIP code**	
Type of home	☐ House ☐ Condo ☐ Apartment ☐ Mobile home ☐ Other				

If the home is owned					
Mortgage lender				**Phone**	
Monthly payment		**Due date**		**Taxes and insurance included?**	☐ Yes ☐ No
Online account					

If the home is rented					
Landlord or property manager				**Phone**	
Email				**After-hours emergency #**	
Rent amount		**Due date**		**Lease ends**	
Rent includes	☐ Water ☐ Heat ☐ Electricity ☐ Garbage ☐ Other				
Notice needed to end the lease				**Security deposit**	

Home insurance			
Insurance company		**Agent**	
Policy #		**Phone**	
Yearly cost		**Renewal date**	

Notes

Utilities and Services

List each company that serves the home. This helps if someone else needs to pay a bill, report a problem or cancel a service.

Qualicare

Service	Company	Phone or website	About how much each month	Due date	Autopay?
Electricity					☐ Yes ☐ No
Gas or heating oil					☐ Yes ☐ No
Water and sewer					☐ Yes ☐ No
Garbage and recycling					☐ Yes ☐ No
Home phone					☐ Yes ☐ No
Cell phone					☐ Yes ☐ No
Internet					☐ Yes ☐ No
TV or streaming					☐ Yes ☐ No
Security system					☐ Yes ☐ No
Condo or homeowners' association					☐ Yes ☐ No
Lawn care or snow removal					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Household Help

List the people who help around the house and who should hear about a hospital stay.

Qualicare

Type of help	Name	Phone	Schedule (days and times)	Has a key?	Tell about a hospital stay?
Housekeeper				☐ Yes ☐ No	☐ Yes ☐ No
Caregiver				☐ Yes ☐ No	☐ Yes ☐ No
Lawn care or gardener				☐ Yes ☐ No	☐ Yes ☐ No
Snow removal				☐ Yes ☐ No	☐ Yes ☐ No
Pet care				☐ Yes ☐ No	☐ Yes ☐ No
Meal delivery				☐ Yes ☐ No	☐ Yes ☐ No
Handyman				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No

Notes

Rental Property Information

Use one copy for each rental property. List its utilities on the Utilities and Services page.

Qualicare

Property address					
City		**Province or state**		**Postal or ZIP code**	
Type of home	☐ House ☐ Condo ☐ Apartment ☐ Mobile home ☐ Other				

Lease					
Rent amount		**Due date**		**Lease starts**	
Lease ends		**Can the lease be renewed?**	☐ Yes ☐ No ☐ Not sure		
Rent includes	☐ Water ☐ Heat ☐ Electricity ☐ Garbage ☐ Other				
Security deposit		**Notice needed to end the lease**			
Pets allowed?		**Subletting allowed?**			

Property manager			
Company		**Contact name**	
Phone		**After-hours emergency #**	
Email		**Online account**	

Mortgage and insurance			
Mortgage lender		**Monthly payment**	
Insurance company		**Policy #**	

Notes

Tenant Information

Use one copy for each rental property.

Qualicare

Property address	

Tenant 1			
Name			
Cell phone		**Other phone**	
Email			
Employer		**Employer phone**	
Emergency contact		**Phone**	

Tenant 2			
Name			
Cell phone		**Other phone**	
Email			
Employer		**Employer phone**	
Emergency contact		**Phone**	

Notes

Qualicare

06

SECTION 6

Calendars and contacts

A weekly planner, special dates, an address book and space for notes.

Weekly Planner	34
Birthdays and Special Dates	35
Address Book	36
Notes	37

Weekly Planner

Print a copy for each week. Add appointments, visits and errands.

Qualicare

Week of		Name	

Day	Appointments and visits	To do
Monday Date:		
Tuesday Date:		
Wednesday Date:		
Thursday Date:		
Friday Date:		
Saturday Date:		
Sunday Date:		

Notes and messages

Birthdays and Special Dates

Write the day and the name in each month. Use it again every year.

Qualicare

January	
Day	Name and occasion

February	
Day	Name and occasion

March	
Day	Name and occasion

April	
Day	Name and occasion

May	
Day	Name and occasion

June	
Day	Name and occasion

July	
Day	Name and occasion

August	
Day	Name and occasion

September	
Day	Name and occasion

October	
Day	Name and occasion

November	
Day	Name and occasion

December	
Day	Name and occasion

Address Book

Keep contact details for family, friends and the other people you stay in touch with.

Qualicare

Name	
Relationship	
Address	
Phone	
Email	
Birthday	

Name	
Relationship	
Address	
Phone	
Email	
Birthday	

Name	
Relationship	
Address	
Phone	
Email	
Birthday	

Name	
Relationship	
Address	
Phone	
Email	
Birthday	

Name	
Relationship	
Address	
Phone	
Email	
Birthday	

Name	
Relationship	
Address	
Phone	
Email	
Birthday	

Name	
Relationship	
Address	
Phone	
Email	
Birthday	

Name	
Relationship	
Address	
Phone	
Email	
Birthday	

Notes