endeavy care prepared

Helper handoff sheet

What you would tell someone at the door, all on one page.

The person you're helping

Name _____

Likes to be called _____

Address _____

Good to know _____

Call first

In an emergency, call 911. For everything else, start here.

1. Name _____ Phone _____

2. Name _____ Phone _____

Doctor _____ Phone _____

Pharmacy _____ Phone _____

Medications

Copy each one exactly as the label or prescriber gives it.

Name	Dose	When	How they like to take it

Kept in _____

The day, in order

Morning _____

Midday _____

Afternoon _____

Evening _____

Bedtime _____

Food and drink

Favorites _____

The usual drink _____

Avoid or allergic to _____

Help needed with _____

The little things

The thing you'd remind someone of twice.

What helps on a hard afternoon _____

Loves to talk about _____

Not a fan of _____

Where things are

Keys _____

Glasses, hearing aids, chargers _____

Insurance cards and papers _____

Anything else _____

Filled in by _____ Date _____ My phone _____

Try Care Prepared free for 7 days.

Keep routines, medications, contacts and the little things in one plan that stays current, shared through a QR code on the fridge.

endeavy.com/careprepared/signup

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