



## MANAGING MEDICAL CARE ACTION CHECKLIST

### Chapter 12 of *The Complete Eldercare Planner*

<b>MANAGING MEDICAL CARE</b>	<b>To Do By</b>	<b>Completed</b>
<i>Create a plan if your elder refuses medical help</i>	_____	<input type="checkbox"/>
<i>Get HIPAA authorization from elder</i>	_____	<input type="checkbox"/>
<i>Become familiar with health care professions</i>	_____	<input type="checkbox"/>
<i>Take active role in health care for better service</i>		
Help elders track the pain	_____	<input type="checkbox"/>
Put everything in writing	_____	<input type="checkbox"/>
Prioritize health issues	_____	<input type="checkbox"/>
Conduct research	_____	<input type="checkbox"/>
<i>Check medical staff board certifications and licenses</i>	_____	<input type="checkbox"/>
<i>Make plans to accompany elders to medical appointments</i>	_____	<input type="checkbox"/>
<i>Prepare for doctor's appointments</i>		
Medical History	_____	<input type="checkbox"/>
Dental History	_____	<input type="checkbox"/>

Medication History \_\_\_\_\_

*Verify appointment in advance* \_\_\_\_\_

*Consider a second opinion when applicable* \_\_\_\_\_

*Switch doctors if unsatisfied* \_\_\_\_\_

*Consider technology to assist with in-home health care* \_\_\_\_\_

*Pay attention to elderly dental care* \_\_\_\_\_

*Gather and store personal medical records* \_\_\_\_\_

*Manage medical bills* \_\_\_\_\_

*Obtain contact information for*

doctor \_\_\_\_\_

dentist \_\_\_\_\_

health care providers \_\_\_\_\_

emergency contact information \_\_\_\_\_

pharmacy \_\_\_\_\_

hospital \_\_\_\_\_

health insurance \_\_\_\_\_

*Keep important phone numbers immediately accessible* \_\_\_\_\_

*Distribute phone numbers to key family members* \_\_\_\_\_

**PATIENT CARE: IS SPIRITUALITY GOOD MEDICINE?**

*Assume responsibility for own spiritual beliefs and professional practices* \_\_\_\_\_

***Know the spiritual and religious rights of elderly patients*** \_\_\_\_\_

***Identify your elder's spiritual and/or religious preferences*** \_\_\_\_\_

***Help your elder to complete the Spiritual History Questionnaire***

Attach a copy of the document to your elder's medical/medications history \_\_\_\_\_

Distribute copies to other family members \_\_\_\_\_

Ask the doctor's office to file a copy with your elder's medical records \_\_\_\_\_

Attach a copy to all medical charts when entering a health care facility \_\_\_\_\_

***Put your elder's spiritual and religious preferences in writing*** \_\_\_\_\_

***Access spiritual resources in the health care setting***

Clergy \_\_\_\_\_

Hospital Chaplain \_\_\_\_\_

Community Clergy and Lay Volunteers \_\_\_\_\_

Interfaith Chapel \_\_\_\_\_

Religious Services \_\_\_\_\_

Parish Nurse \_\_\_\_\_

Seminars and Support Groups \_\_\_\_\_

Palliative Care and Hospice \_\_\_\_\_

Physician \_\_\_\_\_