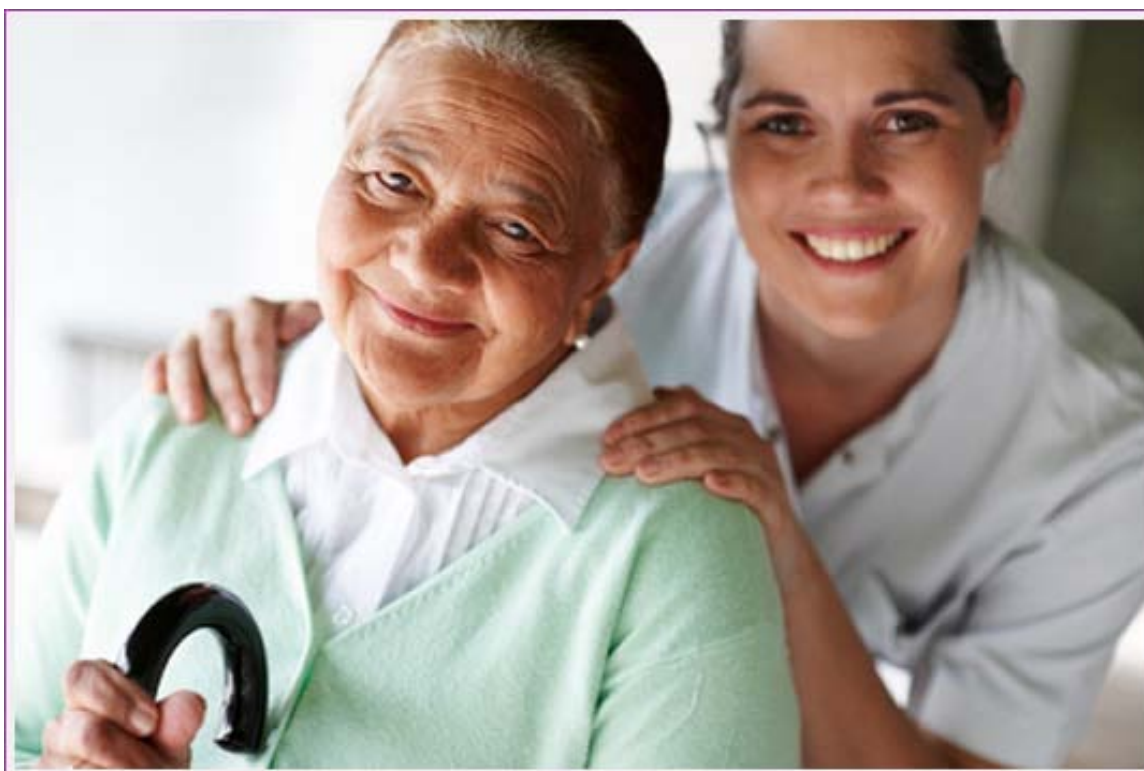




Elder Care Resources USA

Daily Care Logs

- *Pain Log*
- *Incontinence Log*
- *High Blood Pressure Log*
- *Medicine/Prescription Log*
- *Emergency Contact Information*



Incontinence Log

| Time | Drinks | | Urge | | Activity | Medicines and Allergies |
|------|------------|-----------|--------------|----|----------|-------------------------|
| | What Kind? | How Much? | Strong Urge? | | | |
| | | | 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 | | |

Use this diary to help track incontinence frequency and activities in order to identify any patterns or incontinence triggers.

EMERGENCY CONTACT INFORMATION

Have this information on refrigerator and near each phone where it can be used by anyone in the household in case of emergency.

PERSONAL INFORMATION

| | | | |
|------------|-------|------------------------|-------|
| Name | _____ | DOB | _____ |
| Address | _____ | | |
| Phone | _____ | Cell Phone | _____ |
| SS# | _____ | Supplemental Insurance | _____ |
| Medicaid # | _____ | Medicare # | _____ |

EMERGENCY NUMBERS

| | | | |
|-----------------------------------|-------|-------------|-------|
| Vicinity Fire, Police & Ambulance | 911 | Hospital | _____ |
| Poison Control | | Pharmacy | _____ |
| Physician 1 | _____ | Physician 2 | _____ |
| Family Contact 1 | _____ | Mobile | _____ |
| Family Contact 2 | _____ | Mobile | _____ |
| Friend / Neighbor | _____ | Mobile | _____ |