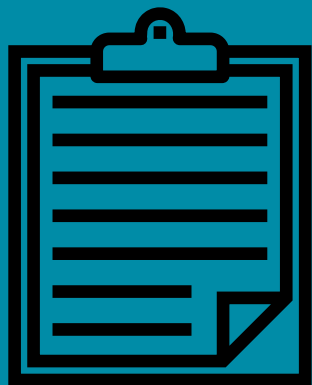


# HEALTHCARE JOURNEY BINDER



## Personal Information



THE ONTARIO

**caregiver**

ORGANIZATION



**Name:**

Address:

Home Phone Number:

Cell Phone Number:

E-mail Address:

Language Spoken/Read:

Birthdate:

Family Doctor:

Phone Number:

**My Parent/Legal Guardian Name:**

Custody Concerns/ Arrangements:  Single  Joint

Phone Number(s):

Address:

Email Address:

**My Parent/Legal Guardian Name:**

Phone Number(s): Address:

Email Address:

**Power of Attorney for Personal Care Name:**

Contact Information:

Contact Information for Lawyer:

**Primary Caregiver Name & Relationship (e.g. spouse, friend, son):**

Contact Information:

Hours of Work & Work Contact Information (if applicable):

**Secondary Caregiver Name & Relationship (e.g. spouse, friend, son):**

Contact Information:

Hours of Work & Work Contact Information (if applicable):



## Special Considerations

- Developmental Delay
- Developmental Disability
- Intellectual Disability
- Custody Concerns
- Uses Sign Language
- Non-Verbal
- Eye Gaze Choices
- Cultural Considerations
- Aggression
- Uses a Mobility Device
- Risk for Falling
- Unable to Walk
- Mental Health
- Hearing Impairment
- Dementia/Alzheimer's
- Roaming Risk
- Visually Impaired
- English as Second Language
- Addictions
- I have a Care Plan or Coordinated Care Plan (e.g. Health Links)



## Facts About Me

My Nicknames:

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My Family

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Where I Live or Have Lived

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What TV Shows or Movies Do I Like?

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What I Like to Do (e.g. reading, games, sports, activities, etc.):

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What Kind of Music I Like:

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Other Information About Me:

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## Care Considerations

When planning or providing care, it's important to understand how to make you and your environment as comfortable as possible. Use this section to write down any 'triggers' that might cause you to feel or react in negative way.

Trigger	Reaction	Possible Alternatives
e.g. Loud noises	e.g. Anxiety or agitation	e.g. Keeping the door shut when possible; Turning volume down on in-room alarms