When you are seeking medical care for an older adult, you may need to contact multiple agencies and offices before you get the information you need. This document contains a form to use when contacting these organizations so that you can keep track of your conversations and record the information for future reference.

Make several copies of the caregiver’s contact form (see the following page). This contact form will help you organize the information you need and will serve as a reminder of the questions you should ask.

For More Information
This is one of six publications in a series on caregiving and aging. The other publications in this series are:

FCS2257: Long-Term Care: Places to Call Home (http://edis.ifas.ufl.edu/fy869)

FCS2259: Puzzled by Your Care Receiver’s Refusal of Services? (http://edis.ifas.ufl.edu/fy871)

FCS2260: Balancing Work and Caregiving: Tips for Employees (http://edis.ifas.ufl.edu/fy872)


FCS2262: Final Wishes: End-of-Life Decisions (http://edis.ifas.ufl.edu/fy874)

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Caregiver Contact Form
Here is a sample outline to follow for the contact:

My name is: ________________________________________________________________

Who am I speaking to? _____________________________________________________

I’m caring for: _____________________________________________________________

I need: ___________________________________________________________________

__________________________________________________________________________

Can you help me? ____Yes ____No

If “No”: Can you refer me to anyone else? _______________________________________

How can I contact them? ______________________________________________________

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If “Yes,” continue with the following questions:

What services do you provide? _______________________________________________

____________________________________________________________________________

What are the costs? ___________________________________________________________

____________________________________________________________________________

How are they paid? ___________________________________________________________

____________________________________________________________________________

What are the eligibility requirements? _________________________________________

____________________________________________________________________________

Is there a wait for services? If yes, how long must we wait? ______________________

Will you send me a brochure or application? _________________________________

Is there anyone else I should speak to? _______________________________________

____________________________________________________________________________

When can I expect to hear from you? _________________________________________

Thank you for your help.
Complete this section immediately after the contact.

Agency contacted: ________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Specific doctor or professional contacted: _____________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Method of contact: ________________________________________________________________

Phone number: __________________________

Email address: _________________________________________________________________

Mailing address: ________________________________________________________________

Date of contact: __________________________

Archival copy: for current recommendations see http://edis.ifas.ufl.edu or your local extension office.