



**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	_____