

Elderly Care Assessment Template

Personal Details

Full Name

Date of Birth

Gender

Address

Phone

Emergency Contact

Medical History

Medical Conditions

Allergies

Current Medications

Functional Assessment

Mobility Status

Activities of Daily Living (ADL)

Aid Devices Used

Cognitive & Emotional Status

Cognitive Status

Emotional Health

Nutrition & Hydration

Dietary Requirements

Hydration Concerns

Social & Family Support

Social Support

Family Involvement

Safety Assessment

Safety Concerns

Home Hazards

Additional Notes