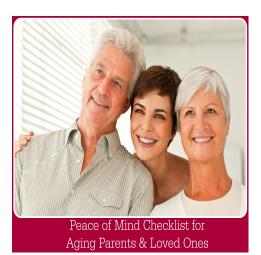
### Peace of Mind Checklist



This comprehensive checklist was put together to help you assess your parents' or loved one's current capabilities and needs. Use the checklist as a guide to help you in supporting them. This checklist can also be used to start the conversation with your loved one's about where they are today and what they would like for their future.

Note that some items are self-explanatory and do not warrant extra bullet points while others provide a longer checklist of things to review with your loved one(s).

Remember: you do not have to do it alone. There are resources and people who can help. Should you find yourself overwhelmed or frustrated, do reach out to me for additional support. I am here to help.

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#### **Personal Care**

- □ Eating
  - Eating three meals plus snacks
  - Eating healthy meals and snacks
  - Staying hydrated
- □ Bathing
  - o Bathing regularly
  - Able to bathe themselves
- □ Grooming
  - Able to shave, style hair, put on makeup

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#### □ Dressing

- Able to choose their clothing
- Able to dress themselves
- Able to put clothes in laundry and put away
- □ Medications
  - Keep a list of medications
  - Know frequency for each
  - Use dispensers to help them take their medications
- □ Pain management
  - Proper medications
  - Proper dosage
- □ Sleeping
  - o Sleeping well at night
  - $\circ \quad \text{Napping during the day} \\$
- □ Vision
  - o Daytime
  - o Nighttime
- □ Hearing
- □ Morale
  - o Feeling happy
  - $\circ$  Engage in conversation
  - $\circ$  Social
  - $\circ$  Active
- □ Memory
- □ Meals & Food Preparation
- □ Meal planning
- □ Grocery shopping
- □ Food preparation for meals
- □ Location of dishes, pots & pans, etc.
- □ Cooking
- □ Cleaning of kitchen

#### Safety

- □ Bathroom
  - Shower/tub: grab bars, shower seat, hand-held shower head
  - Toilet: raised toilet seat; grab bars
  - o Sink: able to sit at sink; location of toiletries

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#### □ Bedroom

- Getting in and out of bed
- Tripping hazards such as area rugs or extension cords
- Lamps close and within reach
- o Flashlight on bedside table
- $\circ$   $\;$  Telephone in or near room in case of emergencies
- □ Kitchen
  - $\circ$  Cooking
  - Cleaning
  - Location of items (keep them within reach; install pull out drawers)
  - $\circ$  Fire extinguisher
- □ Stairs
  - o Install handrails on both sides of the stairs
  - Smooth surfaces
  - o Lighting
- □ Property
  - o Sidewalks
  - $\circ$  Driveway
  - o Yard
- □ Lighting
  - In all rooms during the day
  - In all rooms and hallways during the night
- □ Smoke/fire detectors and CO2 detectors
  - Ensure functioning properly with charged batteries
- □ Water Temperature
  - Less than 49 degrees Celsius or 120 degrees Fahrenheit to avoid burns
- □ Furnace and air conditioner
  - Ensure they are running properly; well maintained
- □ Clutter
  - Clutter-free to ensure safety

#### **Home Maintenance**

- □ Laundry
- □ Cleaning
- □ Lawn maintenance
- □ Snow removal
- □ Gardening
- □ Bill payments
- □ Banking

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#### Driving

- □ Able to drive safely during the day
- □ Night driving
- □ Driver's license renewal date

#### **Emotional Care**

- □ Social
  - o Getting out to visit friends, social clubs, movies, hobbies
  - Mentoring
  - Volunteering
  - Using technology such a FaceTime on an iPad or Facebook to stay in touch with family & friends

#### □ In-home visits

- $\circ$  From friends
- o From family
- From neighbours
- o From pastor
- Pet therapy
- □ Stimulation
  - Hobbies
  - o Music
  - Dance
- □ Spirituality

#### Legal & Financial

- □ Power of Attorney
  - Power of Attorney for Personal Care or Health Care Proxy
  - Power of Attorney for Property
- □ Advanced Health Care Directives
- □ Last Will & Testament current and updated
- $\Box$  Where are the above documents stored?
- □ Who has been named to act on their behalf?
- □ Names of ownership on home, cottage and/or rental properties
- □ Lawyer's name, address and telephone number

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- □ Banking information
- □ Financial planner and/or accountant
- □ Insurances: location of documents for:
  - o Life insurance
  - Long-term care insurance
  - Critical illness insurance
  - Disability insurance
- □ Pension information
- $\hfill\square$  Other sources of income
- □ RRSP's or RIFF's
- □ Assets
- □ Doctor information
- □ Pharmacist information
- $\hfill\square$  Wishes should they develop cognitive impairment
- □ After-death wishes regarding their remains and their funeral
- □ Items they'd like to gift to family and/or friends

If you require additional help, please do not hesitate to contact me at:

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