TEMPLATE I

Master Contact Sheet

Category	Name	Role / relationship	Phone	Email	Notes (hours, key code, account #)
Family					
Family					
Neighbor					Has key?
Neighbor					
Primary care physician					Portal:
Specialists					
Pharmacy					Adherence-pack delivery day:
Home care agency					Scheduler / after-hours #:
Aide(s)					
Geriatric care manager					
Hospice / home health					
long-term care (LTC) insurer					Policy #, claim #:
Medicare plan / Part D (prescription drugs)					Member #:
Attorney (elder law / estate)					
Financial advisor / certified public accountant (CPA)					
Bank					
Utilities: electric					Account #; medical registration?
Utilities: gas / water					
Phone / internet					
Handyman / plumber / electrician					
Lawn / snow					
Faith community					
Fall-alert monitoring company					
Fire dept. non-emergency					
Area Agency on Aging					Eldercare Locator 1-800-677-1116