

## DEMENTIA CARE PLAN CHECKLIST

<b>Cognitive problems</b> <input type="checkbox"/> None <input type="checkbox"/> Mild cognitive impairment <input type="checkbox"/> Mild dementia <input type="checkbox"/> Moderate stage <input type="checkbox"/> Late stage Type of dementia: <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Vascular <input type="checkbox"/> Mixed <input type="checkbox"/> Lewy body <input type="checkbox"/> Frontal temporal <input type="checkbox"/> Other	<b>Actions</b> <input type="checkbox"/> Advance care planning (living wills, family meeting) <input type="checkbox"/> Aging in place planning vs. assisted living <input type="checkbox"/> Driving safety <input type="checkbox"/> Exercise your body <input type="checkbox"/> Exercise your brain (remediation, hobbies, games, computer, volunteering) <input type="checkbox"/> Healthy diet (dietitian if needed, Meals on Wheels) <input type="checkbox"/> Lab testing: CBC/CMP/TSH/B12/folate/RPR/HIV/Other _____ <input type="checkbox"/> Legal/financial planning (power of attorney, guardianship, advance directives) <input type="checkbox"/> Medications to avoid (sleep aids, diphenhydramine) <input type="checkbox"/> Social engagement (clubs, church, sports)	
<b>Neurological, mental health, behavioral, functional problems</b> <input type="checkbox"/> Aggression <input type="checkbox"/> Delusions <input type="checkbox"/> Depression/suicide <input type="checkbox"/> Hallucinations <input type="checkbox"/> Decision making (capacity) <input type="checkbox"/> Safety <input type="checkbox"/> Sleep	<b>Actions</b> <input type="checkbox"/> Alcohol avoidance <input type="checkbox"/> Autonomy promotion <input type="checkbox"/> Counseling <input type="checkbox"/> Driving safety <input type="checkbox"/> Environmental "rounds" <input type="checkbox"/> Exercise <input type="checkbox"/> Home safety <input type="checkbox"/> Medications <input type="checkbox"/> Music therapy <input type="checkbox"/> Reminiscence therapy <input type="checkbox"/> Relaxation therapy (art, pets, yoga, muscle relaxation) <input type="checkbox"/> Sleep patterns <input type="checkbox"/> Structure <input type="checkbox"/> Support group <input type="checkbox"/> Other	
<b>Medical problems</b> <input type="checkbox"/> Lung disease <input type="checkbox"/> Heart disease <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Vision and/or hearing <input type="checkbox"/> Swallowing <input type="checkbox"/> Cancer <input type="checkbox"/> Dental <input type="checkbox"/> Kidney disease <input type="checkbox"/> Liver disease <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Urologic <input type="checkbox"/> Other	<b>Actions</b> <input type="checkbox"/> Cardiac rehab <input type="checkbox"/> Dental care <input type="checkbox"/> Fall prevention <input type="checkbox"/> Hearing/vision evaluation <input type="checkbox"/> Hospice care <input type="checkbox"/> Immunizations (flu, pneumococcal, tetanus booster, shingles) <input type="checkbox"/> Incontinence <input type="checkbox"/> Physical therapy/occupational therapy evaluation <input type="checkbox"/> Pulmonary rehabilitation <input type="checkbox"/> Speech therapy evaluation <input type="checkbox"/> Other _____	
<b>Caregiver assistance</b>	<b>Actions</b> <input type="checkbox"/> Adult daycare <input type="checkbox"/> Aging in place (home modification) <input type="checkbox"/> Alzheimer's Association <input type="checkbox"/> Assistance from other resources (clubs, church, family, co-workers) <input type="checkbox"/> Barriers to assistance <input type="checkbox"/> Behavior management skills <input type="checkbox"/> Communication skills <input type="checkbox"/> Disease-specific resources <input type="checkbox"/> Environmental management <input type="checkbox"/> Home aides <input type="checkbox"/> Hospice <input type="checkbox"/> Legal/financial planning <input type="checkbox"/> Memory/communication aids (clock, calendar, glasses, hearing aids, pictures) <input type="checkbox"/> Medical/practical supplies <input type="checkbox"/> Medication management <input type="checkbox"/> Safety planning (guns, stairs, home hazards, falls) <input type="checkbox"/> Self-care actions <input type="checkbox"/> Senior alert system <input type="checkbox"/> Support group	



**FPM Toolbox** To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

Developed by Brian K. Unwin, MD, Natalia Loskutova, MD, Patrick Knicely, and Christopher D. Wood, DO.  
 Copyright © 2019 American Academy of Family Physicians. Physicians may duplicate or adapt for use in their own practices; all other rights reserved. Related article: <https://www.aafp.org/fpm/2019/0100/p11.html>.