



# CAREGIVER GUIDE

This guide is intended as a personal resource for caregivers and is not a legal document. The information provided is for general informational purposes only and should not be considered medical, professional, or legal advice. It does not encompass all aspects of one's care.

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## Introduction to Your Caregiver Guide

Caring for someone involves juggling many responsibilities, often under challenging circumstances. This guide is designed to help you stay organized, prepared, and equipped with essential information to provide the best possible care.

Inside, you'll find tools and resources to assist with caregiving tasks, from creating a home safety plan to tracking important personal and medical information. Completing these sections will help you have accurate, up-to-date details that can make all the difference in emergencies and daily care.

This guide is designed as an in-home tool to help you manage care effectively. While it provides useful information to support your efforts, please do not upload this Caregiver Guide to MKO. Ensure that MKO remains updated with the most current information, and use it as a source to complete this guide. Please keep this guide in a convenient location for quick access when needed.



## Simplify Care Coordination with MyKelseyOnline (MKO)

We strongly recommend using MyKelseyOnline (MKO), Kelsey-Seybold's secure online portal, to complement the tools in this guide. MKO allows you to:

- Store and manage health information for instant access by your care team.
- Schedule in-person, online, or video visits.
- View lab results and medical records.
- Refill prescriptions and track medications.

## Access MKO

You can access MKO on your computer or on your mobile device.

- On your computer, go to [MyKelseyOnline.com](https://MyKelseyOnline.com).
- On your mobile device, download the **MyKelsey** application.

## Sharing Health Information in MKO

You can be designated as a proxy. A proxy is a person who has permission to view another person's information. For example, a parent might have proxy access to her minor child's account. Proxy relationships must be established by a patient's health care provider. If you are designated as a proxy, once the proper paperwork is authorized, you will be able to view the medical information of the person you're caring for. To set up proxy access, follow these steps:

- Log in to MyKelseyOnline or the MyKelsey app
- Click *Your Menu*
- Under *Sharing*, select *Sharing Hub* and follow the prompts to designate a proxy and share health information.

By using this guide along with MKO, you'll have the tools to make caregiving more efficient and effective.

## Medical & Personal Information

Being prepared for emergencies means having key personal and medical information readily available. Use the charts below to record essential details. Having this information on hand can save valuable time and help facilitate prompt and appropriate care for the person you're assisting.

### Personal Profile

Legal Name		
First	Middle	Last
Preferred Name/Nickname		
Date of Birth		
Month	Day	Year
Driver's License/State ID		
State of Issue	ID Number	
ID Type	Expiration Date	
Physical Address		
Street		
City	State	Zip
Mailing/Other Address		
Street		
City	State	Zip
ID Numbers		
Medicaid ID	Expiration Date	
Medicare ID	Expiration Date	
KelseyCare Advantage ID	Expiration Date	
Military ID	Expiration Date	

## Medical Profile

This information is commonly needed in both emergency and non-emergency scenarios.

Sex	Gender Identity	Race	
Height	Weight	Blood type	
Primary Language	Secondary Language		
Primary Health Insurance	ID Number		
Secondary Health Insurance	ID Number		
Do you have an Advance Directive?* <i>Circle one</i>	Yes	No	unsure
Do you have a health care proxy?* <i>Circle one</i>	Yes	No	unsure

Items marked with an asterisk (\*) should be shared with the doctor and care team to help keep everyone informed and support effective care coordination. These documents can also be uploaded to MKO for seamless access and management. See the Advance Directives section on [page 14](#) for more information.

## Caregiver & Emergency Contact Information

Use this contact information to list those who consistently provide care or can be considered emergency contacts. Add additional sheets as needed.

Important Reminder: Keep the clinic and care team informed with up-to-date contact information. Providing current details helps them coordinate care effectively during appointments, emergencies, and transitions of care.

### Emergency Contacts

Name		
Relationship		
Phone (mobile)	Phone (other)	
Email		
Address		
City	State	Zip

  

Name		
Relationship		
Phone (mobile)	Phone (other)	
Email		
Address		
City	State	Zip

  

Name		
Relationship		
Phone (mobile)	Phone (other)	
Email		
Address		
City	State	Zip

## Caregiver Contact Information

Name		
Relationship		
Phone (mobile)	Phone (other)	
Email		
Address		
City	State	Zip

  

Name		
Relationship		
Phone (mobile)	Phone (other)	
Email		
Address		
City	State	Zip

  

Name		
Relationship		
Phone (mobile)	Phone (other)	
Email		
Address		
City	State	Zip



## Caregiver Contact Information

Name		
Relationship		
Phone (mobile)	Phone (other)	
Email		
Address		
City	State	Zip

  

Name		
Relationship		
Phone (mobile)	Phone (other)	
Email		
Address		
City	State	Zip

  

Name		
Relationship		
Phone (mobile)	Phone (other)	
Email		
Address		
City	State	Zip

## Medical History

Don't let a medical emergency add to your stress. These checklists provide an accessible health summary for you. Having this information readily available, both in print and online, can save valuable time and ensure prompt and appropriate care.

View this information in MyKelseyOnline (MKO).

1. Log in to [MyKelseyOnline](#) or the MyKelsey app
2. Click *Your Menu*
3. Under *My Record*, select *Health Summary*, then *Health Issues*

*Note: KelseyCare Advantage offers Condition-Specific Guides for some of the conditions listed below. Visit our [Managing Your Care](#) page to find easy-to-follow resources for managing high blood pressure, high cholesterol, diabetes, flu, and more.*

Medical History			
Y	N	Unsure	What
			Alcohol use (# of drinks per week):
			Autoimmune diseases
			Asthma
			Bleeding disorders
			Blood clots
			Bronchitis
			Cancer (type):
			Chronic cough
			Congestive heart failure
			COPD
			Depression
			Diabetes
			Drug Abuse (type):
			Emphysema
			Epilepsy
			Headaches
			Heart attack
			Hepatitis (type):
			Hernia

## Medical History

Y	N	Unsure	What
			High Blood Pressure (hypertension)
			Immuno-compromising condition
			Lupus
			Mitral valve prolapse (heart murmur)
			Osteoporosis or Osteopenia
			Rheumatoid arthritis
			Seizures
			Shortness of breath
			Smoking
			Stroke
			Thyroid disease
			Tuberculosis
			Other:

Please check all of the following that you have or use:

## Durable Medical Equipment & Other Devices

Y	N	Unsure	What
			Cane or walker
			Communication device
			Contacts
			Dental Implants
			Dentures
			Glasses
			Hearing aid
			Metal implants
			Wheelchair/scooter
			Cane/walker
			Oxygen
			Pacemaker
			Prosthetics
			Other:

## Important Documents

Check that these important documents are accounted for and easily accessible.

Confidentiality Note: These documents contain sensitive personal and medical information. Keep them secure and share only with those who need access, such as designated caregivers, emergency contacts, or health care providers. To protect privacy and ensure confidentiality, avoid sharing this information with anyone not directly involved in care. Store critical documents, such as birth certificates and Social Security cards, in a secure place like a lockbox.

## Important Documents

Location Known	Location Unsure	N/A	Type of Document
<b>PERSONAL IDENTIFICATION</b>			
			Address Books
			Birth Certificate
			Social Security Card
			Driver's License/State ID Card
			Passport
			Immigration Papers
			Military ID/Military Papers
<b>LEGAL DOCUMENTS</b>			
			Will and/or Trust documents
			Durable Power of Attorney (for financial matters)
			Deed to home or property titles
			Marriage certificate or divorce decrees
			Death Certificate (For deceased spouse)
			Military discharge papers (e.g., DD-214 for veterans)
			Legal guardianship or conservatorship documents (if applicable)
<b>MEDICAL AND HEALTH RECORDS</b>			
			Medicare card
			Health insurance cards or policy details
			Advance directives (Living Will, Medical Power of Attorney)

Location Known	Location Unsure	N/A	Type of Document
<b>FINANCIAL DOCUMENTS</b>			
			Bank account information
			Investment account details
			Pension or retirement account statements (E.g. 401(k), IRA)
			Social Security benefit statement (SSA-1099 form)
			Tax returns (last three years recommended)
			Mortgage or rental agreements
<b>INSURANCE DOCUMENTS</b>			
			Health insurance policy or contact information
			Life insurance policies
			Homeowners or renters insurance
			Long-term care insurance
			Vehicle insurance
<b>EMERGENCY AND CONTACT INFORMATION</b>			
			Emergency contact list (family, friends, neighbors). <i>See also the Caregiver &amp; Emergency Contact Information on page 7</i>
			Contact information for legal and financial advisors (lawyer, accountant, financial planner)
			List of utility providers (electricity, water, gas, internet, etc.)
<b>OTHER IMPORTANT DOCUMENTS</b>			
			Funeral and burial instructions
			Safe deposit box key and inventory list
			Passwords or account access information (consider a password manager or secure written record)
			Membership cards or credentials (AARP, veterans' organizations, etc.)

## Advance Directives

Having your wishes documented in advance helps your medical team provide the right care for you in the event you can't speak for yourself. Advance directives are legal documents that allow you to record in advance your wishes about your care. Preparing these documents early allows you to stay in control of your decisions.

Examples of advance directive documents include:

- **Medical Power of Attorney:** A Medical Power of Attorney allows you to designate a loved one to take care of your health care decisions in the event you can no longer communicate your wishes.
- **Living Will:** A Living Will, also known as Directive to Physicians, Family, or Surrogates, is used to communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury.

Wondering when you should prepare advance directives? The best time is now. It's never too early to make your wishes known.

You may consult with an attorney or review the following steps for your advance directives:

- Access forms at [Advance Directives | Texas Health and Human Services](#)
- Print and fill out the advanced directive(s) most appropriate for you. **IMPORTANT!** Texas law requires that a Medical Power of Attorney and Living Will be notarized or witnessed.
- Submit your completed and witnessed or notarized documents into MKO on the [Advanced Care Planning](#) page.

View this information in MKO.

1. Log in to [MyKelseyOnline](#) or the MyKelsey app
2. Click *Your Menu*
3. Under *My Record*, select *Advanced Care Planning*



## Care Team/Medical Providers

Use this page to list the contact information for the care team, including the Primary Care Provider (PCP) and any medical specialists (cardiologist, neurologist, psychiatrist, etc.). Care team details can also be found in MKO.

View this information in MKO.

1. Log in to [MyKelseyOnline](#) or the MyKelsey app
2. Click *Your Menu*
3. Under *Find Care*, scroll down and select *Care Team*

Need help finding a provider? Download our [provider directory](#) or use our [online searchable provider directory](#).

Primary Care			
Provider Name			
Name of Clinic or Location			
Phone		Phone 2	
Address			
City		State	Zip
Notes			

Primary Care			
Provider Name			
Name of Clinic or Location			
Phone		Phone 2	
Address			
City		State	Zip
Notes			

Specialist		
Type (Example: Oncology)		
Provider Name		
Name of Clinic or Location		
Phone	Phone 2	
Address		
City	State	Zip
Notes		

Specialist		
Type (Example: Oncology)		
Provider Name		
Name of Clinic or Location		
Phone	Phone 2	
Address		
City	State	Zip
Notes		

Specialist		
Type (Example: Oncology)		
Provider Name		
Name of Clinic or Location		
Phone	Phone 2	
Address		
City	State	Zip
Notes		

Specialist		
Type (Example: Oncology)		
Provider Name		
Name of Clinic or Location		
Phone	Phone 2	
Address		
City	State	Zip
Notes		

Specialist		
Type (Example: Oncology)		
Provider Name		
Name of Clinic or Location		
Phone	Phone 2	
Address		
City	State	Zip
Notes		

## Immunization History

Use the chart below to document immunization history. Include as much historical information as possible when completing the chart.

View this information in MKO.

1. Log in to [MyKelseyOnline](#) or the MyKelsey app
2. Click *Your Menu*
3. Under *My Record*, select *Health Summary* to find a list of recorded immunizations, recommended or overdue immunizations, and other health information.

### Immunization History

Vaccine Name <b>COVID-19</b>	Date Given
Manufacturer	Lot Number
Provider/Clinic	Booster Due Date
Notes	

Vaccine Name <b>Tetanus, Diphtheria, Pertussis (Td/Tdap)</b>	Date Given
Manufacturer	Lot Number
Provider/Clinic	Booster Due Date
Notes	

Vaccine Name <b>Measles, Mumps, Rubella (MMR)</b>	Date Given
Manufacturer	Lot Number
Provider/Clinic	Booster Due Date
Notes	

Vaccine Name <b>Meningococcal (Meningitis)</b>	Date Given
Manufacturer	Lot Number
Provider/Clinic	Booster Due Date
Notes	

Vaccine Name <b>Pneumococcal (Pneumonia)</b>	Date Given
Manufacturer	Lot Number
Provider/Clinic	Booster Due Date
Notes	

Vaccine Name <b>Polio (IPV)</b>	Date Given
Manufacturer	Lot Number
Provider/Clinic	Booster Due Date
Notes	

Vaccine Name <b>Tuberculosis</b>	Date Given
Manufacturer	Lot Number
Provider/Clinic	Booster Due Date
Notes	

Vaccine Name <b>Varicella (Chicken Pox)</b>	Date Given
Manufacturer	Lot Number
Provider/Clinic	Booster Due Date
Notes	

Vaccine Name <b>Zoster (Shingles)</b>	Date Given
Manufacturer	Lot Number
Provider/Clinic	Booster Due Date
Notes	

Vaccine Name	Date Given
Manufacturer	Lot Number
Provider/Clinic	Booster Due Date
Notes	

Vaccine Name	Date Given
Manufacturer	Lot Number
Provider/Clinic	Booster Due Date
Notes	

*\*The listed vaccines may not be recommended. It's important to consult with your provider to determine which immunizations are appropriate.*



## Preferred Medical Locations

Use this page to record preferred locations for receiving medical care and prescriptions.

To learn more about how and where to find the right care, view our [Managing Your Care](#) page and [The Right Care When You Need It](#) flyer.

### Hospital

Name

Phone

Phone 2

Address

City

State

Zip

Notes

### Urgent Care

Name

Phone

Phone 2

Address

City

State

Zip

Notes

### Pharmacy

Name

Phone

Phone 2

Address

City

State

Zip

Notes

### Other

Name

Phone

Phone 2

Address

City

State

Zip

Notes

## Surgery & Procedure History

Use this chart to document any surgeries or procedures that have been performed on the person you're caring for. Include as much historical data as possible, not just recent information. Attach additional sheets as needed.

View this information in MKO.

To view surgical history:

1. Log in to [MyKelseyOnline](#) or the MyKelsey app
2. Click *Your Menu*
3. Under *My Record*, choose *Medical and Family History*

To view upcoming surgeries or procedures:

1. Log in to [MyKelseyOnline](#) or the MyKelsey app
2. Click *Your Menu*
3. Under *My Record*, choose *Upcoming Tests and Procedures*

### Surgeries & Procedures

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Date of Surgery or Procedure

---

Type of Surgery or Procedure

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Physician

---

Hospital/Clinic

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Complications

---

Notes

## Surgeries & Procedures

Date of Surgery or Procedure

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Type of Surgery or Procedure

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Physician

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Hospital/Clinic

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Complications

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Physician

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Hospital/Clinic

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Complications

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Notes

## Surgeries & Procedures

Date of Surgery or Procedure

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Type of Surgery or Procedure

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Physician

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Hospital/Clinic

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Complications

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Notes

## Home Safety Checklist

Use this checklist to identify and address potential safety hazards in the home, creating a safer and more accessible environment.

This is not considered an all-inclusive list. Please consider other hazards in the home that may also exist.

Home Safety Checklist				
Y	N	n/a	What	Notes
			Smoke detectors installed on every floor and near bedrooms.	
			Smoke and carbon monoxide detectors tested and functional.	
			At least one fire extinguisher in the home (note the location and expiration date).	
			List of emergency contacts posted in an accessible location.	
			Fire escape plan posted in an accessible location.	
			All cabinet hardware is easy to open (pulls are generally easier than knobs).	
			Entrances and exits are well lit (motion detection preferred).	
			Hallways and stairs are well lit with switches at both ends.	
			Switches are push activated for accessibility.	
			Night lights installed in hallways. Floors and Walkways	
			Rugs and carpets are securely fastened or removed if they pose a tripping hazard.	
			Hallways and walkways are free of clutter.	
			Electrical cords are secured away from walkways.	
			Handrails are secure and present on both sides of the stairways.	

## Home Safety Checklist

Y	N	n/a	What	Notes
			Steps are clearly visible, possibly enhanced with contrasting tape.	
			Non-slip surfaces or treads are present on steps.	
			Bed height suitable for safe transfers in and out of bed.	
			Phone accessible from the bed for emergencies.	
			Clear pathway from bed to bathroom.	
			Grab bars installed in the shower, tub, and near the toilet.	
			Non-slip mats placed in the tub and shower area.	
			Toilet height is appropriate, with raised seat if necessary.	
			Shower is accessible, with walk-in features, bath bench, or shower seat if needed.	
			Bathroom vanity is at a suitable height, with an accessible opening for a wheelchair if required.	
			Frequently used items stored at an easily reachable height.	
			Appliance knobs are easy to use and clearly marked.	
			Automatic shut-off features on appliances are functional if available.	
			Flammable items are kept away from the stove and oven.	



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Questions? Call the Concierge team at 713-442-4878 (TTY: 711). From October 1 through March 31, hours are 8 a.m. to 8 p.m., seven days a week. From April 1 through September 30, hours are 8 a.m. to 8 p.m., Monday through Friday. Messaging services are used on weekends, after hours, and on federal holidays.

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