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**Family Care Plan**

**Patient Name:**

**Age:**

**What city did the patient grow up in?**

**What did the patient do for a living?**

**What is the patient's interests?**

**What are their general likes?**

**What are their general dislikes?**

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**Caregiver Schedule:**

**Daily responsibilities:**

**Weekly responsibilities:**

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**Dietary Instructions/Considerations:**

**Food dislikes:**

**Food likes:**

**General comments:**

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**Emergency Contacts:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Contact Number** | **Relationship** |
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