Mini Care Snapshot

A Quick-Start Care Overview for Your Loved One with Dementia

SECTION 1 — BASIC INFORMATION

Full Name: _____
Preferred Name / Nickname: _____
Date of Birth: _____
Primary Diagnosis: _____
Current Care Setting:
☐ Home ☐ Hospital ☐ Rehab ☐ Memory Care
☐ Long-Term Care
Date Completed: _____

SECTION 2 — WHO THEY ARE (AT A GLANCE)

Brief Life Snapshot (1–2 sentences):
(Who they are beyond the diagnosis — roles, passions, what mattered most.)

_____
_____
_____

Personality by Nature (check all that apply):
☐ Quiet ☐ Social ☐ Independent ☐ Gentle ☐ Strong-willed ☐ Routine-oriented ☐ Other:

SECTION 3 — COMFORTS & COMMUNICATION

What Helps Them Feel Safe
☐ Music
☐ Quiet environment
☐ Familiar objects
☐ Reassurance
☐ Conversation
☐ Gentle touch
Favorite Comfort Items:
How to Communicate Best
☐ Calm voice
☐ Simple directions
☐ Humor
☐ Visual cues
☐ Repetition
Common words/phrases they use:

_____
Languages spoken / understood:

_____

SECTION 4 — DAILY RHYTHMS

Best Time of Day:
☐ Morning ☐ Afternoon ☐ Evening
Sleep / Bedtime Notes:

Food Preferences / Dislikes:

SECTION 5 — BEHAVIORS & SUPPORT STRATEGIES

Common Triggers:
☐ Loud noise ☐ Crowds ☐ Hunger ☐ Fatigue
☐ Change in routine
Other: _____
Signs of Distress:
(pacing, agitation, calling out, withdrawal, etc.)
What Helps in These Moments:
(distraction, walking, music, reassurance, snacks, etc.)

SECTION 6 — PERSONAL CARE & SAFETY NOTES

Personal Care
Toileting / Hygiene Cues:
Showering Preferences:
☐ Time of day ☐ Water temperature ☐ Assistance level
Mobility:
☐ Independent ☐ Supervision ☐ Assistance ☐ Device
Safety & Medical
Allergies / Sensitivities:
Diet / Swallowing Notes:
Fall Risk: ☐ Yes ☐ No

SECTION 7 — FAMILY & COMMUNICATION

Primary Contact / POA: _____
Name: _____
Phone: _____
Secondary Contact: _____
Preferred Updates: ☐ Call ☐ Text ☐ Email

One thing you should know about my loved one:

_____
_____
_____

This Mini Care Snapshot is a companion tool to the
Care Guide for Your Loved One with Dementia
by Mary Ann Miller