

# Support Instructions for [Name]

Date: [Insert Date]

## Introduction

This letter outlines the support instructions for [Name], who is currently in the process of aging. The purpose is to ensure that [he/she/they] receives the necessary care and assistance in a way that respects [his/her/their] dignity and preferences.

## Health and Medical Care

**Primary Care Physician:** [Doctor's Name, Contact Information]

**Medications:** [List of Medications, Dosages]

**Medical Conditions:** [Brief Description of Conditions]

## Daily Living Assistance

**Personal Care:** [Description of Required Assistance]

**Meal Preparation:** [Information on Dietary Needs]

**Transportation Needs:** [Details about Transportation Arrangements]

## Emotional and Social Support

**Preferred Activities:** [List of Activities and Hobbies]

**Social Connections:** [Key Individuals to Maintain Contact With]

## Emergency Contacts

**Primary Contact:** [Name, Relationship, Phone Number]

**Backup Contact:** [Name, Relationship, Phone Number]

## Conclusion

These support instructions are intended to provide [Name] with the best possible care and ensure [his/her/their] needs are met in a compassionate and respectful manner. Thank you for your attention to these matters.

Sincerely,  
[Your Name]  
[Your Contact Information]