



# 'What if...' emergency plan

*I have a carer - information about me*

Use this sheet to write down useful information about yourself and your own needs.

**My full name is:** \_\_\_\_\_

**I like to be called:** \_\_\_\_\_

*For the purpose of supporting my needs and those of my carer, I consent to this information about me being shared with relevant others*

Signed \_\_\_\_\_ Date completed: \_\_\_\_\_

Relationship (if not completed by me) \_\_\_\_\_

Where I live (area, not full address): \_\_\_\_\_

The carer/person who knows me best is: \_\_\_\_\_

Their contact details: \_\_\_\_\_

My relationship to them: \_\_\_\_\_

This person:

- Lives with me
- Lives elsewhere: (area, not full address) \_\_\_\_\_
- They be contacted by phone on: \_\_\_\_\_
- They cannot answer the phone and

### My other emergency contact is:

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

[www.devoncarers.org.uk](http://www.devoncarers.org.uk) | 03456 434 435

Devon Carers can be reached on a single point of access telephone helpline for carers 03456 434 435. Calls to 0345 cost no more than calls to geographic numbers (01 or 02) and must be included in inclusive minutes and discount schemes in the same way by your service provider. Devon Carers is a project of Carers+, a consortium of Action East Devon, Colab Exeter and Westbank, the lead agency. Westbank Community Health and Care, Farm House Rise, Exminster, EX6 8AT Reg. Charity 1119541. Company No. 6243811.





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## My needs are known to Social Care services (Tel 0345 1551 007)

- Yes
- No

My GP surgery: \_\_\_\_\_

## My capacity

(my ability to use and understand information to make a decision, and be able to communicate my decision to others)

### I understand my own needs, can weigh up risks and can talk to others about my choices:

- Yes, for all decisions
- For some decisions (*details*):
- No, not for any decisions
  - I do not have a Lasting Power of Attorney
  - I do have a Lasting Power of Attorney for
    - Finances
    - Health and welfare

My attorneys are (please name) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I have capacity, but to communicate with me, this helps:

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### My needs

**I rely on others to support me because:** *(diagnosed conditions, allergies, and most important information someone might need to know quickly. Include any fuller details elsewhere on the form)*

**Symptoms which mean I may be unwell include:**

**The things I can do for myself include:**

**What may help me feel better if I am anxious or upset:**

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### My Care and Support needs

<b>Support with:</b> <input type="checkbox"/> (Tick if you are independent)	<b>Details:</b> Brief important details, or if more complex write 'refer to...(eg medication sheet / Moving and Handling plan)	<b>Are you assisted with this?</b> My carer A worker								
<input type="checkbox"/> Safety / risks		<input type="checkbox"/> Carer <input type="checkbox"/> Worker								
<input type="checkbox"/> Communication		<input type="checkbox"/> Carer <input type="checkbox"/> Worker								
<input type="checkbox"/> Personal care <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Clothes</td><td style="width: 20%;"></td></tr> <tr><td>Confinence</td><td></td></tr> <tr><td>Keeping clean</td><td></td></tr> <tr><td>Other</td><td></td></tr> </table>	Clothes		Confinence		Keeping clean		Other		I need prompting / physical help from 1 or 2	<input type="checkbox"/> Carer <input type="checkbox"/> Worker
Clothes										
Confinence										
Keeping clean										
Other										
<input type="checkbox"/> Medication		<input type="checkbox"/> Carer <input type="checkbox"/> Worker								
<input type="checkbox"/> Food & Drink		<input type="checkbox"/> Carer <input type="checkbox"/> Worker								
<input type="checkbox"/> Mobility <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Walking</td><td style="width: 20%;"></td></tr> <tr><td>Standing/sitting on the bed</td><td></td></tr> <tr><td>positioning</td><td></td></tr> </table> <input type="checkbox"/> I have a Moving & Handling plan	Walking		Standing/sitting on the bed		positioning		I need prompting / physical help from 1 or 2	<input type="checkbox"/> Carer <input type="checkbox"/> Worker		
Walking										
Standing/sitting on the bed										
positioning										
<input type="checkbox"/> Household tasks		<input type="checkbox"/> Carer <input type="checkbox"/> Worker								
<input type="checkbox"/> Emotional support		<input type="checkbox"/> Carer <input type="checkbox"/> Worker								

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<b>Support with:</b> <i>(Tick if you are independent)</i>	<b>Details:</b> <i>Brief important details, or if more complex write 'refer to...(eg medication sheet / Moving and Handling plan)</i>	<b>Are you assisted with this?</b> My carer A worker
<input type="checkbox"/> Behaviour		<input type="checkbox"/> Carer <input type="checkbox"/> Worker
<input type="checkbox"/> Keeping in contact / socialising with others		<input type="checkbox"/> Carer <input type="checkbox"/> Worker
<input type="checkbox"/> Recreational activities		<input type="checkbox"/> Carer <input type="checkbox"/> Worker
<input type="checkbox"/> Sleep/needs at night		<input type="checkbox"/> Carer <input type="checkbox"/> Worker

### Additional information

I am also assisted by care workers.

- Yes       No

If yes, the care workers are from:

- An agency     Personal assistants

Contact details:

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**Other information:** (include any information you have not covered above and would like to be known)

**Information I would like you to know about who I am:**  
(eg, my background / family / friends / pets / likes / dislikes)

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