



Emergency Plan Supplement Cared for person

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Please keep this booklet at the premises of the Cared for person

Use as much or as little of this document as you need to.

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Westbank Community Health and Care, Farm House Rise, Exminster, EX6 8AT
Reg. Charity 1119541, Company No. 6243811.





Form 906: My information

The cared for person

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) _____

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) _____
- Can be contacted by phone on _____
- It is OK to leave a message on their phone

Alternative emergency contact is:

Name: _____

Relationship to me: _____

Contact number: _____

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 (LPA)

I do have a Lasting Power of Attorney for

Finances

Health and welfare

My attorneys are (as named in the LPA)

- 1.
- 2.
- 3.
- 4.

I have capacity, but the following helps me to communicate effectively:

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My needs

I rely on others to support me because:

Please include diagnosed conditions, allergies, and the most important information someone might need to know quickly. Include any further details elsewhere as indicated on the form.

Symptoms that mean I may be unwell include:

The things I can do for myself include:

Things that help me feel better if I am anxious or upset:

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Additional information

Please include anything you have not covered above and would like to be known e.g. background/family/friends/pets/likes/dislikes:

SAMPLE

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Form 907: My medication

The cared for person

My name	
NHS number	
Diagnosed health conditions	
I take medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
I can take my medication by myself	<input type="checkbox"/> Yes <input type="checkbox"/> No (put details in the medication timetable)
My current prescription , with details of what I take and when, is stored: * Make sure these details are kept up to date	<input type="checkbox"/> Stored with this plan <input type="checkbox"/> with the medication <input type="checkbox"/> A medication timetable is filled in <input type="checkbox"/> Other:
The medication is stored: e.g. a box in kitchen cupboard above the toaster	
GP details: Name: Address: Contact no:	
Pharmacy details: Name: Address: Contact no:	
How and when I usually get repeat prescriptions is: e.g. <i>automatically delivered by pharmacist weekly/carer picks up fortnightly on a Friday</i>	



Form 908: Professionals who help me The cared for person

Use this sheet to write down details of all services you have in place to support you – for example this could be meal deliveries, care agency, a cleaner.

Name	
Role/business	
Tel/Mobile(s):	
Email	
How and when they help:	
Consent	Yes <input type="checkbox"/>

Name	
Role/business	
Tel/Mobile(s):	
Email	
How and when they help:	
Consent	Yes <input type="checkbox"/>

Name	
Role/business	
Tel/Mobile(s):	
Email	
How and when they help:	
Consent	Yes <input type="checkbox"/>

Name	
Role/business	
Tel/Mobile(s):	
Email	
How and when they help:	
Consent	Yes <input type="checkbox"/>

Name	
Role/business	
Tel/Mobile(s):	
Email	
How and when they help:	
Consent	Yes <input type="checkbox"/>

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Form 909: Pets in the household

The cared for person

Use this sheet to write down details of your pets and their needs/routines

Pet Name:	
Type of animal: (e.g. cat/dog)	
Additional information: (e.g. assistance dog, location of food, medication, routine)	
Pet Name:	
Type of animal: (e.g. cat/dog)	
Additional information: (e.g. assistance dog, location of food, medication, routine)	
Pet Name:	
Type of animal: (e.g. cat/dog)	
Additional information: (e.g. assistance dog, location of food, medication, routine)	
Continued overleaf <input type="checkbox"/>	

My emergency pet contact I have consent to record their personal details

Name	Contact number	Relationship to me	Key holder?
			Yes / No

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Form 902: Useful contact numbers

Contact	Number / email	Other info: (e.g. Keyholder / knows key safe number)
Devon Carers	03456 434 435	
CDP Care Direct Plus (Social care)	0345 1551 007	
GP		

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