‘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:_____

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My needs are known to Social Care services (Tel 01752 668000)

☐ 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

Support with: ☐ *(Tick if you are independent)*	**Details:** *Brief important details, or if more complex write ‘refer to…(e.g. medication sheet / Moving and Handling plan)*	**Are you assisted with this?** My carer A worker
☐ Safety / risks		☐ Carer ☐ Worker
☐ Communication		☐ Carer ☐ Worker
☐ Personal care Clothes ☐ Continence ☐ Keeping clean ☐ Other ☐	I need prompting / physical help from 1 or 2	☐ Carer ☐ Worker
☐ Medication		☐ Carer ☐ Worker
☐ Food & Drink		☐ Carer ☐ Worker
☐ Mobility Walking ☐ Standing/sitting ☐ on the bed ☐ positioning ☐ ☐ I have a Moving & Handling plan	I need prompting / physical help from 1 or 2	☐ Carer ☐ Worker
☐ Household tasks		☐ Carer ☐ Worker
☐ Emotional support		☐ Carer ☐ Worker

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I have a carer – information about me

Support with: *(Tick if you are independent)*	**Details:** *Brief important details, or if more complex write ‘refer to…(e.g. medication sheet / Moving and Handling plan)*	**Are you assisted with this?** My carer A worker
☐ Behaviour		☐ Carer ☐ Worker
☐ Keeping in contact / socialising with others		☐ Carer ☐ Worker
☐ Recreational activities		☐ Carer ☐ Worker
☐ Sleep/needs at night		☐ Carer ☐ 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:

(e.g., my background / family / friends / pets / likes / dislikes)