‘What if…’ emergency plan
Medication information

Medication information about the person I care for and myself

	Person cared for **My name:**	**Carer** **My name:**
I take medication	☐ Yes ☐ No	☐ Yes ☐ No
I can take my medication by myself	☐ Yes ☐ No (put details in the medication timetable)	☐ Yes ☐ 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**	☐ Stored with this plan ☐ with the medication ☐ A medication timetable is filled in ☐ Other:	☐ Stored with this plan ☐ with the medication ☐ A medication timetable is filled in ☐ Other:
The medication is stored: E.g. (box in kitchen cupboard above toaster) ***label it clearly**		
GP details:	Name: Address Contact no:	Name: Address: Contact no:
Pharmacy details:	Name Address Contact no:	Name: Address: Contact no:
The way I usually get repeat prescriptions is: *(Including how often, e.g., automatically delivered by pharmacist weekly/Carer picks up fortnightly on a Friday)*		

‘What if…’ emergency plan

Medication information

My medication timetable

My name *(as written on my prescription)*	
NHS number	
My diagnosed health conditions:	
Date completed:	

Name of medication	**Dosage:**	**Frequency**	**Extra information** *(e.g., with food/first dose on waking/I need to be prompted/I need someone to help me)*

‘What if…’ emergency plan

Medication information

The person I care for medication timetable

Their name *(as written on my prescription)*	
NHS number	
Their diagnosed health conditions	
Date completed:	

Name of medication	**Dosage:**	**Frequency**	**Extra information** *(e.g., with food/first dose on waking)*