‘What if…’ emergency plan

Professionals who support me

Use this sheet to write down details of professionals who currently support you – for example, Carer Support Coordinator, Hospice Nurse, Occupational Therapist, Community Matron or Case Manager.

**Please tick the ‘consent’ box, to show you have discussed and agreed what they can do and that they are happy for their details to be included in your ‘What if…Plan’*

Name _____
Role _____
Tel/Mobile(s): _____
Email_____
How they help:

☐ **Consent**

Name _____
Role _____
Tel/Mobile(s): _____
Email_____
How they help:

☐ **Consent**

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Professionals who support me

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