

# Emergency Care Plan

## Carer

Name \_\_\_\_\_

Relationship to person requiring care \_\_\_\_\_

Address \_\_\_\_\_

Telephone home \_\_\_\_\_ Mobile \_\_\_\_\_

## Person Requiring Care

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Language Spoken \_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_

Relationship/ Organisation \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_

Relationship/ Organisation \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_

Relationship/ Organisation \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

# Health Information

Details about the person I care for

Person's illness or disability \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Medicare Number \_\_\_\_\_

Health Insurance Fund: Name of Fund \_\_\_\_\_

Telephone \_\_\_\_\_

Membership number \_\_\_\_\_

Ambulance Fund/ Registration number \_\_\_\_\_

Medic—Alert number \_\_\_\_\_

Description of care needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Care Required

The person I am caring for needs

Meals only

Regular visits only

Full-time care— mobile, no personal care required

Full-time care— mobile, supervision of toileting and showering required

Full-time care— mobile, assistance with lifting/ transferring, toileting and

showering/ bathing required.

Other

\_\_\_\_\_

Supervision

Toileting When \_\_\_\_\_

Equipment used \_\_\_\_\_

\_\_\_\_\_

**Showering / Bathing**

When \_\_\_\_\_  
\_\_\_\_\_

Equipment used \_\_\_\_\_

Number of people required \_\_\_\_\_

Other \_\_\_\_\_

**Lifting / Transferring**

When \_\_\_\_\_  
\_\_\_\_\_

Equipment used \_\_\_\_\_

Number of people required \_\_\_\_\_

**Diet** \_\_\_\_\_

**Other** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication**

**Regular medication**

Name	Dose	Special Instructions

**Allergies** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Regular Home & Community Care Services

Please advise if care arrangements change

Organisation \_\_\_\_\_  
Service Provided \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Telephone \_\_\_\_\_

Organisation \_\_\_\_\_  
Service Provided \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Telephone \_\_\_\_\_

Organisation \_\_\_\_\_  
Service Provided \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Telephone \_\_\_\_\_

## Emergency Plan

In an emergency my contacts will:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My emergency financial arrangements are:

\_\_\_\_\_  
\_\_\_\_\_

Signed

Relationship to person requiring care \_\_\_\_\_

Date \_\_\_\_\_  
\_\_\_\_\_

*Further information:*

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