

# INDIVIDUAL PLANS

PREPARE FOR EACH PERSON IN THE HOUSEHOLD



**Name:**

## Medical Plan

MEDICAL SUPPORT LIST	NAME	PHONE	OUT OF HOURS CONTACT	ADDRESS
DOCTOR				
LOCAL HOSPITAL				
CHEMIST				
OPTOMETRIST				
DENTIST				
OTHER				

## Medical Conditions

	Y	N	PLAN TO MANAGE CONDITION DURING AND AFTER AN EMERGENCY
HEART DISEASE			
DIABETES			
ASTHMA			
MIGRAINES			
FAINTING SPELLS			
ANXIETY			
EPILEPSY			
HIGH BLOOD PRESSURE			
THYROID PROBLEMS			
DIZZINESS			
OTHER:			

## Disability

	Y	HOW MY DISABILITY MAY AFFECT MY ABILITY TO RESPOND IN AN EMERGENCY	SUPPORT PLAN
INTELLECTUAL			
LEARNING			
SPEECH-RELATED			
SENSORY			
PHYSICAL			
NEUROLOGICAL			
PSYCHIATRIC			
OTHER:			

## Will

	SOLICITOR	ADDRESS	PHONE
LOCATION OF WILL			

**Power of attorney:**

## Insurance

	INSURER	CONTACT DETAILS	POLICY NUMBER
HOME AND CONTENTS			
HEALTH			
CAR			
LIFE			
INCOME PROTECTION			
BUSINESS			

## Current Medications

MEDICAL CONDITIONS	MEDICATION	DOSAGE	TIMES TAKEN	PRESCRIBING DOCTOR AND CONTACT DETAILS	LOCATION OF MEDICATION IN HOME

## Medical Aids

	Y	N	DETAILS	PLAN TO MANAGE EQUIPMENT IN THE CASE OF AN EMERGENCY
DO YOU USE ANY EQUIPMENT TO ASSIST YOU?				
ALLERGIES AND/OR SENSITIVITIES (FOOD, MEDICATION ETC)				
BLOOD TYPE				

## Emergency Numbers

POLICE FIRE AMBULANCE	000
SES	132 500
POISONS INFO LINE	13 11 26
LIFELINE	13 11 14
BEYONDBLUE	1300 22 46 36