My Daily Plan and Emergency Plan

The information below is to help people working with me to understand what is important to me, and how I would like you to help me. Also there is some emergency information here as well in case I can’t tell you what I need.

1. What do I want the people who support me to know about me? ____________________________

2. I use the following adaptive equipment ____________________________

And I keep it ____________________________

3. During the day I go to _____________ and the phone number is ________________

4. These are the people who help me and how to get in touch with them.
   My Staff is: ___________________________ Phone: ___________________________
   My Staff is: ___________________________ Phone: ___________________________
   My Staff is: ___________________________ Phone: ___________________________
   My Staff is: ___________________________ Phone: ___________________________

5. Emergency Phone Numbers – if my support staff aren’t here or I need someone else to help me, call these people.
   Name: ___________________________ Phone: ___________________________
   Name: ___________________________ Phone: ___________________________
   Name: ___________________________ Phone: ___________________________
   Name: ___________________________ Phone: ___________________________
6. My Medical Needs are:

7. I take these Medications:
   
   Medication: __________ Dose: __________ How Often: __________
   
   Medication: __________ Dose: __________ How Often: __________
   
   Medication: __________ Dose: __________ How Often: __________
   
   Medication: __________ Dose: __________ How Often: __________
   
   Medication: __________ Dose: __________ How Often: __________
   
   Medication: __________ Dose: __________ How Often: __________

8. My Physicians are:
   
   My Dr.’s Name is: __________ Specialty: __________ Phone: __________
   
   My Dr.’s Name is: __________ Specialty: __________ Phone: __________
   
   My Dr.’s Name is: __________ Specialty: __________ Phone: __________
   
   My Dr.’s Name is: __________ Specialty: __________ Phone: __________

9. I prefer to go to ________________ Hospital in the case of an emergency

10. If there is an emergency in my apartment here is who to call:
    
    For a Gas emergency call: ________________________________
    
    If my power is out call: ________________________________
    
    The maintenance/repair phone number is: ________________________________
    
    The Fire Department phone number: ________________________________
    
    The ambulance phone number: ________________________________
    
    The Police Department phone number: ________________________________
    
    In an emergency please call: __________________________ at: ________________ to let them know what is happened and where I am going.