

MY MEDICAL PLAN

Medical support list	Name	Phone	Out of hours contact	Address
Doctor				
Local hospital with 24-hour emergency				
Chemist				
Optometrist				
Dentist				
Other:				

MEDICAL CONDITIONS

	Y	N	Plan to manage condition during and after an emergency
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Migraines	<input type="checkbox"/>	<input type="checkbox"/>	
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Thyroid problems	<input type="checkbox"/>	<input type="checkbox"/>	
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	



Consider getting a medical alert system that can easily call for help if you are immobilised in an emergency. Most alert systems require a working phone line, so have a back-up plan, such as a mobile phone or pager, in case landlines are disrupted.

Current medications



Write down below any medication you are currently taking.

Remember to attach copies of concession cards, health insurance cards and prescriptions to this plan. You may also want to identify where you keep the medication in your home in case you have to evacuate quickly or someone needs to get it for you.

CURRENT MEDICATIONS

Medical condition	Medication	Dosage	Times taken	Prescribing doctor (include contact details)	Location of medication in the home

MEDICAL AIDS

	Y	N	Details	Plan to manage equipment in the case of an emergency
Do you use any equipment to assist you	<input type="checkbox"/>	<input type="checkbox"/>		
Style and serial numbers of medical devices				
Allergies and/or sensitivities (food, medication etc)				
Blood type				



Plan to have all the things you'd need with you for a week or two. This includes any medications you take regularly or specialised equipment (wheelchair, glasses, hearing aid) and supplies (patch kit for a wheelchair tyre or extra batteries). See Step 4 for more information about packing a survival and recovery kit.

DISABILITY

	Y	How my disability might affect my ability to respond to an emergency	Support plan
Intellectual	<input type="checkbox"/>		
Learning	<input type="checkbox"/>		
Speech-related	<input type="checkbox"/>		
Sensory	<input type="checkbox"/>		
Physical	<input type="checkbox"/>		
Neurological	<input type="checkbox"/>		
Other:	<input type="checkbox"/>		

MY WILL

	Solicitor/s	Address	Phone
Location of my Will			

MY POWER OF ATTORNEY:

MY INSURANCE

	Insurer	Contact details	Policy number
Home and contents			
Health			
Car			
Life			
Income protection			
Business			



Consider your particular needs and how your support network might best assist you during an emergency. If you require help to evacuate, include written instructions and ensure your support network is aware of your plan. For example, "I am diabetic. Please take my insulin from the refrigerator", "My service animal may legally remain with me".

MY IMPORTANT ITEMS LIST AND PLAN

Item	Location	Plan for protection

See **Step 3** for more information about how to identify and protect important items.

MY ANIMAL PLAN

Animal name	Breed	Microchip number	Vet/Kennel contact details	Emergency safe place	Equipment required	Plan

The infographic features a central icon of a person's head with 'PET S' written inside, with a lightning bolt striking it. To the right, three panels illustrate different options:

- LOCAL VET:** Shows a person standing next to a dog on a leash, with a briefcase nearby.
- KENNEL / BOARD:** Shows a person walking two dogs on leashes in front of a building labeled 'VACANCY PET HOTEL'.
- TRANSPORT:** Shows a horse and a dog standing next to a pet trailer.



In planning for emergencies you'll also need to think about your pets and animals and what they would need over the course of a week or more, including food, identification, medication, transport and accommodation.



MY IMPORTANT NUMBERS

EMERGENCIES

Police Fire Ambulance	000
SES	132 500
Poisons Info Line	13 11 26
Lifeline	13 11 14
BeyondBlue	1300 22 46 36

MY IMPORTANT CONTACTS

Doctor		Home Care Agency	
Dentist		Local Radio Frequencies ABC	
Vet		Local Radio Frequencies Other	
Solicitor		Out-of-Town Contact	
Council		Power of Attorney	
Gas		Insurer	
Telco		Bank	
Power		Roadside Assistance	
Water			



MY IMPORTANT NUMBERS

MY HOUSEHOLD NUMBERS

Name	Work	School	Mobile

MY NEIGHBOURS / PERSONAL CARE NETWORK NUMBERS

Name	Work	Mobile

OTHER IMPORTANT NUMBERS

Name	Work	Mobile



Tip:

Store these numbers in your phone and take a picture of the card so you will have all your important details available in one place. You may also want to send a copy to friends or relatives to have on file in case of an emergency.