

Emergency Plan

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(Recommend completing it in pencil as things change daily!)

List of Key Contacts

Caregiver Contact (for emergencies)

Type	Phone Number	Address	Relationship
1 st call			
2 nd call			
3 rd call			
Other			

Providers of Health Care

Type	Phone Number	Address
Primary Care Provider		
Neurologist (brain)		
Cardiologist (heart)		
Urologist (bladder)		
Psychiatrist/Psychologist		
Endocrinologist (Diabetes)		
Pulmonologist (breathing)		
Home Care agency		
Other		

Existing Medical Conditions

Concern	Yes=X
Alzheimer's/Dementia	X
Arthritis	
Cancer	
Chronic Kidney Disease	
COPD	
Constipation	
Depression	
Diabetes	
Hearing Loss	
Heart Failure	
High Blood Pressure	
Osteoporosis	
Parkinson's	
Other	

Food Preferences (Include typical foods eaten and foods to avoid)

Breakfast	Lunch	Dinner	Snacks

Standing Appointments/activities (include day programs)

Day of Week	Activity
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Favorite Activities

Activity	Type
Music	
Television	
Podcast/video	
Hobby	

Behaviors to monitor (This keys caregiver into triggers/statements that may indicate something is upsetting the one they are caring for)

When _____ does this.....	It might be because of this.....	And you can try this.....