



'What if...' emergency plan

Medication information

Medication information about the person I care for and myself

	Person cared for My name:	Carer My name:
I take medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I can take my medication by myself	<input type="checkbox"/> Yes <input type="checkbox"/> No (put details in the medication timetable)	<input type="checkbox"/> Yes <input type="checkbox"/> No (put details in the medication timetable)
My current prescription, with details of what I take and when, is stored: * Make sure these details are kept up to date	<input type="checkbox"/> Stored with this plan <input type="checkbox"/> with the medication <input type="checkbox"/> A medication timetable is filled in <input type="checkbox"/> Other:	<input type="checkbox"/> Stored with this plan <input type="checkbox"/> with the medication <input type="checkbox"/> A medication timetable is filled in <input type="checkbox"/> Other:
The medication is stored: Eg (box in kitchen cupboard above toaster) *label it clearly		
GP details:	Name: Address: Contact no:	Name: Address: Contact no:
Pharmacy details:	Name Address: Contact no:	Name: Address: Contact no:
The way I usually get repeat prescriptions is: <i>(Including how often, eg, automatically delivered by pharmacist weekly/Carer picks up fortnightly on a Friday)</i>		

www.devoncarers.org.uk | 03456 434 435

Devon Carers can be reached on a single point of access telephone helpline for carers 03456 434 435. Calls to 0345 cost no more than calls to geographic numbers (01 or 02) and must be included in inclusive minutes and discount schemes in the same way by your service provider. Devon Carers is a project of Carers+, a consortium of Action East Devon, Colab Exeter and Westbank, the lead agency. Westbank Community Health and Care, Farm House Rise, Exminster, EX6 8AT Reg. Charity 1119541. Company No. 6243811.



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What do others need to know?

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My medication timetable

My name <i>(as written on my prescription)</i>			
NHS number			
My diagnosed health conditions:			
Date completed:			
Name of medication	Dosage:	Frequency	Extra information <i>(eg, with food/first dose on waking/I need to be prompted/I need someone to help me)</i>

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What do others need to know?

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The person I care for medication timetable

Their name <i>(as written on my prescription)</i>			
NHS number			
Their diagnosed health conditions			
Date completed:			
Name of medication	Dosage:	Frequency	Extra information <i>(eg, with food/first dose on waking)</i>

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