

# Carer's Contingency Plan

Carer: Caring for:



**Carers Trust Solihull Contingency Plan** 

Start Date: \_\_\_\_/\_\_\_/



## 1 – About me the carer:

Title	First name	Surname	
Address			
Post Code			
Date of Birth			
Contact numbers	Land line	Mobile	

## 2 - About the person I care for:

Title	First name	Surname	
	Preferred name		
Address			
Post code			
Date of Birth			
Contact numbers	Land line	Mobile	

## 3 – Relationship to the person I care for:

The person I care for is my:	
The person I care for is my:	

4 - ABOUT THE HEALTH of the person I care for:

## **5 – MEDICATION** taken by the person I care for:

NAME OF MEDICATION	PLACE THIS MEDICATION IS KEPT

## 6 - CURRENT / ONGOING TREATMENT AS AT (Date) \_\_\_\_/\_\_\_/

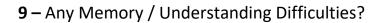
#### 7 - PROFESSIONALS INVOLVED with the person I care for:

(i.e. Social Worker / support worker / GP -health professionals / care agency / day provision/Personal Assistant)

Service	Name / contact details		

Does the person I care for have:

8 – Communications needs or behaviour to be aware of?



10 – Any Learning Difficulties/Differences?

#### **11 - ROUTINE:**

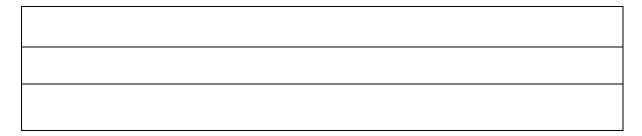
What I do for the person I look after during the day?

## **12** - What I do for my cared for during the night.

## **13 - MEALS** I prepare for the person I care for:

	Time of meal	Example meal
Breakfast		
Lunch		
Dinner		
Snacks etc		

14 – Drinks I prepare for the person I care for:



## **15 - ALLERGIES –** of the person I care for:

Allergy	Reaction

## 16 – Likes and Dislikes of the person I care for:

<b>LIKES-</b> (what makes them happy, what they enjoy doing)	<b>DISLIKES</b> – (what upsets, agitates or makes them worry?)

## **17 - PERSONAL CARE**

Do you help the person you care for with going to the toilet? Do they use any special equipment for this?

Do you help the person you care for to washing themselves take a shower or bath, or washing hair? Do they use any special equipment for this?

Do you help the person you care for to dress and undress? Do they use any special equipment to help with this?

## 18 - OTHER

Is there anything else that someone would benefit from knowing about your cared for?

## 19 – Emergency Contacts

EMERGENCY CONTACT 1			
Relationship to the person you look after?			
Title	First name	Surname	
Address			
Post Code			
Mobile Number	1	Land Line	
What tasks are they ha	appy to cover in yo	ur absence?	

EMERGENCY CONTACT 2			
Relationship to the person you look after?			
Title	First name	Surname	
Address			
Post Code			
Mobile Number		Land Line	
What tasks are they happy to cover in your absence?			

EMERGENCY CONTACT 3					
Relationship to the person you look after?					
Title	First name		Surname		
Address					
Post Code					
Mobile Number		Land Line			
What tasks are they happy to cover in your absence?					

#### 20 - USEFUL OTHER CONTACTS NUMBERS:

#### 21 – Please Read

- Please ensure you give a copy of this plan to each of the named people above.
- We would remind you that you will need to revisit this plan on a regular basis and ensure that it is up to date.
- If you would like further advice and support then please do contact us at the Carers Trust Solihull.

