

# 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:	
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**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?**

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**9 – Any Memory / Understanding Difficulties?**

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**10 – Any Learning Difficulties/Differences?**

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**11 - ROUTINE:**

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

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

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**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:

LIKES- (what makes them happy, what they enjoy doing)	DISLIKES – (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	Land Line	
What tasks are they happy to cover in your 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.

