


Family Care Plan



This plan is to help family caring for:

(Family member's name)

Main Carer contact:

(fold along dotted lines)

Who will be the main carer for your family member?

If the main carer gets sick, who will continue to care for your family member?

Does your family member have any medical conditions?

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What medicines does your family member take?

Medicine name	How much	How often
(e.g. Ventolin)	(e.g. 20ml or 2 tablets)	(e.g. twice a day)

Do they have any medical appointments coming up?

Doctor:	Doctor:
Clinic:	Clinic:
Phone:	Phone:
Date:	Date:
Time:	Time:

Do they have any allergies?

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Your local Health Service phone:

COVID-19
(CORONAVIRUS)

KNOW THE SYMPTOMS OF



FEVER
COUGH
SORE THROAT
FATIGUE

Call your local medical service and make an appointment with your doctor or call 13-HEALTH (13 43 25 84)

If you are having difficulty breathing or are seriously unwell and it is an emergency, call triple zero (000)

Do you and your family member both have a working phone and phone credit? Yes ☐ No ☐

What does your family member like to eat?

What makes them feel happy?



What makes them feel worried?



Shopping list:

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DON'T FORGET:
Soap, Toilet paper
Batteries for TV remote