

Name:  
DOB:

# My Safety Plan

Personal Information

Name:

Date of Birth:

Phone:

Address:

Allergies:

Medical Conditions:

Safety Risks:

Medical and Service Providers

Primary Care Physician

Name:

- Phone:

- Fax:

Specialists or Other Providers

Name:

- Specialty/Service:

- Phone:

Name:

- Specialty/Service:

- Phone:

Caregiver Information

Caregiver Name:

Relationship:

Phone:

Alternate Phone:

Email Address:

Address:

☐ Health care agent

☐ Financial agent

☐ Guardian or conservator

☐ None of the above

Other Important Contacts

Health Care Agent:

Phone:

☐ Same as caregiver

Emergency Contact:

Phone:

☐ Can be back-up caregiver

Other People Who Can Help:

# Who Can Help?

## When to call your Care Team Navigator (CTN):

Call your Care Team Navigator (CTN) for **all non-emergency concerns** including (but not limited to):

- ▶ **Problems you may have:**
  - ▶ Less interest in or ability to do things
  - ▶ New or difficult behaviors (trying to leave, doing things that aren't safe, getting angry or upset easily, acting suspicious, jealous or fearful of others)
  - ▶ Issues with sleep, eating, or personal care
  - ▶ Feeling stressed out and needing to talk to someone
- ▶ **Other things we can do to help:**
  - ▶ Support with care following a hospitalization
  - ▶ Find community resources (e.g. in-home care, transportation, meal delivery, etc.)
  - ▶ Answer questions about care and/or updates about how things are going

## Care Team Navigator (CTN)

**Name:**

**Phone:**

**Fax:**

**Email:**

**Mailing address:**

## When to call your Primary Care Provider (PCP):

Call your Primary Care Provider (PCP) for **non-emergency medical concerns** including (but not limited to):

- ▶ Sudden changes in condition (more confused, less mobile, agitated, less alert or more sleepy than usual)
- ▶ Falls and changes in balance
- ▶ Upset stomach or change in appetite
- ▶ New accidents with bladder or bowel, urinating more/less frequently, or pain with urination
- ▶ Skin rash
- ▶ Joint pain
- ▶ Questions about your medicine(s)

## When to call 911:

Call 911 in a **medical or non-medical emergency** (*unless you and your doctor have discussed an alternative plan*). Medical or non-medical emergencies could include (but are not limited to):

- ▶ Chest pain and/or difficulty breathing
- ▶ Accident with resulting injury (head, bone, burn, bleeding)
- ▶ Sudden weakness, numbness, change in vision, or difficult speaking
- ▶ Severe pain
- ▶ Feeling afraid for your safety or the safety of others
- ▶ Thoughts of hurting yourself or others