BACK UP PLAN

A Back up Plan can help you tell Attendants, paramedics, and/or physicians how to provide your care if an emergency occurs and you cannot direct them. Customize your plan to fit your specific needs. Make sure your back up plan is available and your Attendants know where to find it. Review the plan with current and new Attendants and update it regularly to keep it up to date.

Personal Information

Name				Today's Date	
Phone No.				Age	
Address					
Height		Weight		Blood Type	

Emergency Contact Information

Two people you trust who can help you in an emergency			
Name		Phone Number	
Name		Phone Number	
Your Case Manager			
Name		Phone Number	
A back up emergency contact if the first two cannot be reached			
Name		Phone Number	
The person who has your Medical Durable Power of Attorney for Health Care Directives			
Name		Phone Number	
Note any Advance Directives you have for your care			
Indicate your Religious Preference, if any			

Equipment Needs

List the types of adaptive equipment you rely on for basic functioning in any setting including wheelchair, scooter, braces, communication device, service animal, etc.

Instruction on Equipment

List instructions on the care, maintenance and proper handling of adaptive equipment.

List location of supplies and spare parts for your equipment and any instructions on how to get replacement parts.

List phone number of people who can make repairs to your equipment.			
Name		Phone Number	
Notes:			
Name		Phone Number	
Notes:			

Communication Needs

List specific communication needs. For example, sign-language interpreting (what Mode), communication technologies or preference, etc.

List specific instructions for communication such as interpreters' phone numbers, etc.

Insurance Information

List the name of your insurance companies and all insurance identification numbers.			
Insurance Company		Phone Number	
Policy Number		Name on Policy	
Notes:			
Insurance Company		Phone Number	
Policy Number		Name on Policy	
Notes:			

Primary Physician Information

List the information of your primary care physician.			
Name			
Phone Number		Fax Number	
Address			

Preferred Hospital Information

List the information of the hospital you would prefer to be taken to in case of emergency.	
Name	
Phone Number	
Address	

Pharmacy Information

List the information of the pharmacy where you prefer your prescriptions filled.			
Name			
Phone Number		Fax Number	
Address			

Medications & Medication Schedule

List the medications you take.					
Medication Name	Dosage	Frequency	Side Effects	Contraindications	Other Information

Specific Diagnoses

List physical and mental conditions.

Warning Signs

List warning signs of possible emergency situations. Describe symptoms of the kind of episodic complications and problems which you may experience such as hyperreflexia, hypoxia, insulin shock, hypoglycemia, hyperglycemia, respiratory problems, depression, manic episodes, seizures, etc.

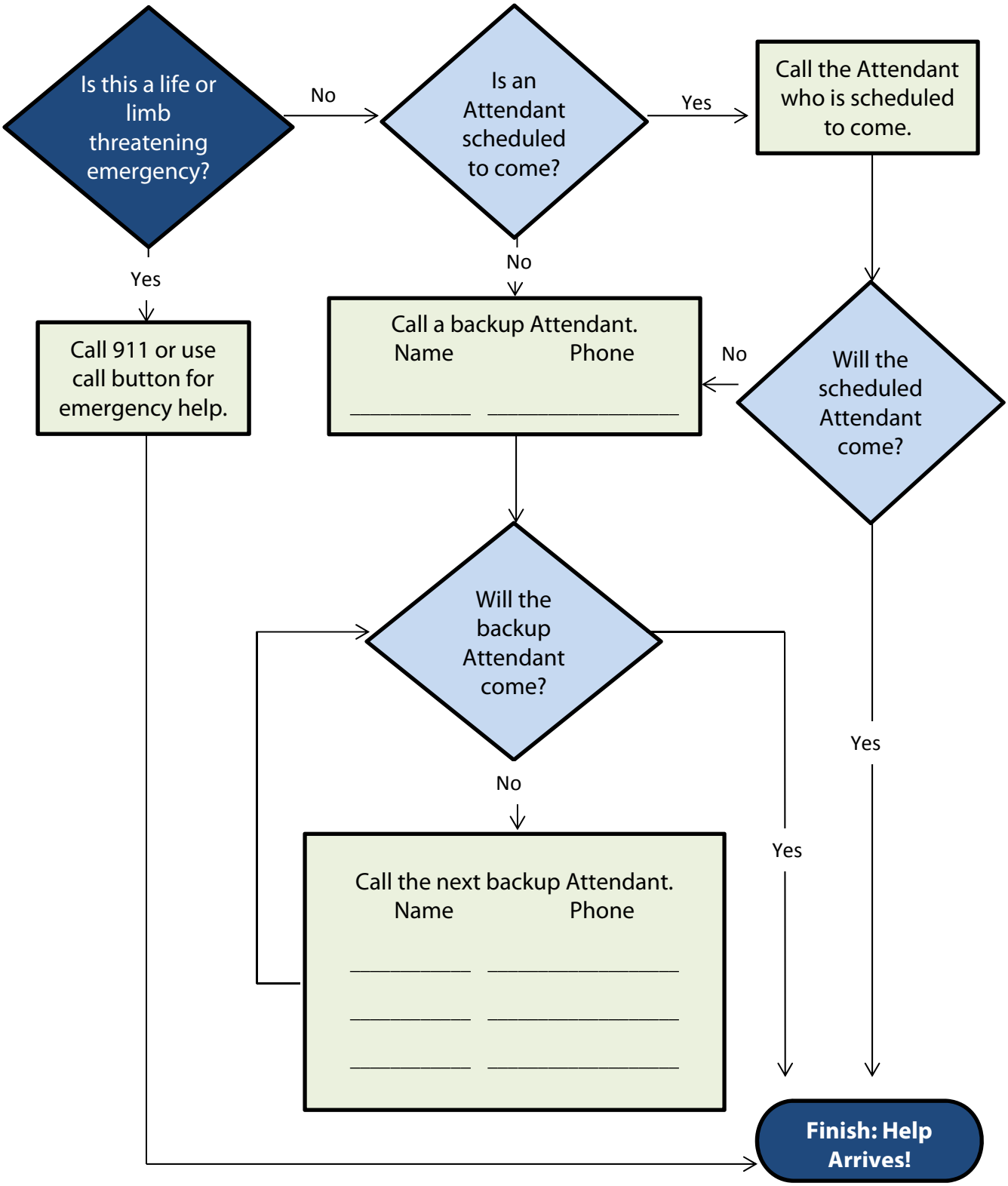
Allergies

List reactions caused by medications, foods, or environmental factors.

Emergency Care Plan

Provide clear and complete instructions for care during emergencies (attach separate sheets if needed).

Decision Tree
What to do when you need an Attendant – FAST!



Resources

As a handy resource, keep this list posted near the telephone. Fill in phone numbers for your local:

Police Department	
Fire Department	
Neighbor	
Neighbor	
District Attorney	
Case Manager	
Victim Assistance	
Advocacy Group	
Independent Living Center	
Other	
Other	
Other	
Other	
Other	

Some Toll-free Resources in Colorado:

Telephone Triage Program
Colorado Medicaid 24 hour registered nurse telephone help line: 1-800-283-3221

211 Colorado
Dial 211 and receive access to health and human services information and referrals

An additional listing of emergency contacts can be found on CDCO's website at http://consumerdirectco.com/clientforms/