

EVERWELL EMERGENCY PLANNING WORKBOOK

Be Prepared. Stay Connected.

A little preparation today can make an unexpected situation easier to manage.

Use this workbook to organize important information for yourself or the person you support.
Keep it somewhere easy to find and review it whenever information changes.

Emergency Contacts

Primary Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Secondary Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Other Important Contact

Name: _____

Relationship: _____

Phone: _____

My Healthcare Information

Member/Patient Name: _____

Date of Birth: _____

Preferred Hospital: _____

Primary Healthcare Provider: _____

Provider Phone: _____

Pharmacy: _____

Pharmacy Phone: _____

Insurance/Health Plan: _____

My Care Information

Current Medications

Allergies

Important Precautions

Mobility Needs

Communication Needs

Other Important Information

My Emergency Supplies

- ☐ Current medication list
- ☐ Necessary medications
- ☐ Important phone numbers
- ☐ Phone charger
- ☐ Flashlight
- ☐ Batteries
- ☐ Water and basic supplies
- ☐ Mobility equipment
- ☐ Important healthcare information
- ☐ Emergency contact information
- ☐ Other: _____

My Communication Plan

If an emergency affects my normal routine:

Who should my family/support person contact?

Who should be contacted about my care?

Preferred way to communicate:

- ☐ Phone
- ☐ Text
- ☐ Email
- ☐ Other: _____

My Transportation Plan

If I need to leave home during an emergency, my plan is:

Mobility equipment I may need:

Possible destination:

Important

Everwell's transportation service is for **planned, non-emergency transportation**.

If there is an immediate medical emergency or the situation requires emergency medical transportation, **call 911**.

If I Need to Leave Home

- ☐ Bring necessary medications.
 - ☐ Bring important healthcare information.
 - ☐ Bring identification.
 - ☐ Bring emergency contact information.
 - ☐ Bring necessary mobility equipment.
 - ☐ Notify a family member or support person when possible.
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My Everwell Information

Everwell Home Care Phone: _____

Everwell Contact: _____

Other Everwell Information: _____

Keep this information with your emergency plan if you or your loved one receives Everwell services.

Review My Emergency Plan

Date Reviewed: _____

Reviewed With: _____

What Needs to Be Updated?

My Emergency Notes

A Reminder From Everwell

Being prepared can help you and your family feel more confident when unexpected situations happen.

For a medical emergency, call 911.

Everwell Home Care

More Than Care. Support for Living.

Care • Connect • Empower