

## Step 2. Make a plan

### Emergency information list

#### Personal contacts

Name of household member	Medicare number	Passport number	Tax file number	Driver licence number	Car registration

#### Important contacts

	Name	Phone	Mobile	Address
First emergency contact				
Support network or carer				
Support network or carer				
First out-of-town contact				
Second out-of-town contact				
Council				

#### Services

	Company	Phone	Account number
Electricity			
Gas			
Water			
Phone			
Roadside assistance			

#### Radio

My local ABC Radio frequency	
Other local frequencies in my area	

#### Meeting places

Outside the house	Outside the neighbourhood

#### Alternative place to stay in an emergency

Name	Phone	Mobile	Address

Do you take any medication of any kind? Yes / No

Medication	Dosage	Times taken	Doctor who prescribed	Doctor's mobile

Medical information list

	Name	Phone	Mobile	Address
Doctor				
Local hospital with 24-hour emergency				
Chemist				
Dentist				

Do you suffer from any of the following?

	Yes	No		Yes	No
Any heart disorders			Epilepsy		
Diabetes			High blood pressure		
Asthma			Thyroid problems		
Migraines			Dizziness		
Fainting spells					

	Yes	No	Details
Do you use any adaptive equipment?			
Do you have any allergies or sensitivities (food, drugs etc)?			

If you have a communication disability, what is the best way to communicate with you?	
Blood type	

Service animal or pet:      Animal's name: \_\_\_\_\_

	Name/Company	Address	Phone
Vet			
Motel			

Details of disability type (intellectual, learning, speech-related, sensory, physical, neurological, psychiatric):

## Financial information list

### Insurance

	Insurer	Phone	Policy number
Home and contents			
Health			
Car			
Income protection			
Life			

### Banking details

Account name	Bank	BSB	Account number

### Will

	Solicitor(s)	Address	Phone
Location of my will			