



# YOUR REDIPLAN

\_\_\_\_\_ 'S RediPlan.

## MY EMERGENCY INFORMATION

| Name of household member | Medicare number | Centrelink number | Passport number | Tax file number | Driver Licence number | Car registration |
|--------------------------|-----------------|-------------------|-----------------|-----------------|-----------------------|------------------|
|                          |                 |                   |                 |                 |                       |                  |
|                          |                 |                   |                 |                 |                       |                  |
|                          |                 |                   |                 |                 |                       |                  |
|                          |                 |                   |                 |                 |                       |                  |
|                          |                 |                   |                 |                 |                       |                  |
|                          |                 |                   |                 |                 |                       |                  |
|                          |                 |                   |                 |                 |                       |                  |
|                          |                 |                   |                 |                 |                       |                  |

## MY IMPORTANT NUMBERS

|                           | Name | Relationship | Phone | Address |
|---------------------------|------|--------------|-------|---------|
| Member of support network |      |              |       |         |
| Member of support network |      |              |       |         |
| Member of support network |      |              |       |         |
| Out-of-town contact #1    |      |              |       |         |
| Out-of-town contact #2    |      |              |       |         |
| Other:                    |      |              |       |         |

## MY IMPORTANT SERVICES

|                     | Company | Account number | Contact details |
|---------------------|---------|----------------|-----------------|
| Electricity         |         |                |                 |
| Gas                 |         |                |                 |
| Water               |         |                |                 |
| Internet            |         |                |                 |
| Phone               |         |                |                 |
| Roadside assistance |         |                |                 |
| Other:              |         |                |                 |

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MY LOCAL ABC FREQUENCY: \_\_\_\_\_

MY AGREED MEETING PLACE: \_\_\_\_\_

## MY ALTERNATIVE PLACE TO STAY IN AN EMERGENCY

| Name | Phone | Address |
|------|-------|---------|
|      |       |         |
|      |       |         |
|      |       |         |
|      |       |         |
|      |       |         |
|      |       |         |
|      |       |         |
|      |       |         |



See **Step 2** for more information about staying connected during an emergency, including identifying an out-of-town contact, an agreed meeting place, and an alternative place to stay in an emergency.

## MY MEDICAL PLAN

| Medical support list                  | Name | Phone | Out of hours contact | Address |
|---------------------------------------|------|-------|----------------------|---------|
| Doctor                                |      |       |                      |         |
| Local hospital with 24-hour emergency |      |       |                      |         |
| Chemist                               |      |       |                      |         |
| Optometrist                           |      |       |                      |         |
| Dentist                               |      |       |                      |         |
| Other:                                |      |       |                      |         |

## MEDICAL CONDITIONS

|                     | Y | N | Plan to manage condition during and after an emergency |
|---------------------|---|---|--|
| Heart disease       |   |   |  |
| Diabetes            |   |   |  |
| Asthma              |   |   |  |
| Migraines           |   |   |  |
| Fainting spells     |   |   |  |
| Anxiety             |   |   |  |
| Epilepsy            |   |   |  |
| High blood pressure |   |   |  |
| Thyroid problems    |   |   |  |
| Dizziness           |   |   |  |
| Other:              |   |   |  |



Consider getting a medical alert system that can easily call for help if you are immobilised in an emergency. Most alert systems require a working phone line, so have a back-up plan, such as a mobile phone or pager, in case landlines are disrupted.



## Current medications

Write down below any medication you are currently taking.

Remember to attach copies of concession cards, health insurance cards and prescriptions to this plan. You may also want to identify where you keep the medication in your home in case you have to evacuate quickly or someone needs to get it for you.

### CURRENT MEDICATIONS

| Medical condition | Medication | Dosage | Times taken | Prescribing doctor (include contact details) | Location of medication in the home |
|-------------------|------------|--------|-------------|--|------------------------------------|
|                   |            |        |             |  |                                    |
|                   |            |        |             |  |                                    |
|                   |            |        |             |  |                                    |
|                   |            |        |             |  |                                    |

### MEDICAL AIDS

|   | Y | N | Details | Plan to manage equipment in the case of an emergency |
|---|---|---|---------|--|
| Do you use any equipment to assist you                |   |   |         |  |
| Style and serial numbers of medical devices           |   |   |         |  |
| Allergies and/or sensitivities (food, medication etc) |   |   |         |  |
| Blood type  |   |   |         |  |



Plan to have all the things you'd need with you for a week or two. This includes any medications you take regularly or specialised equipment (wheelchair, glasses, hearing aid) and supplies (patch kit for a wheelchair tyre or extra batteries). See **Step 4** for more information about packing a survival and recovery kit.

## DISABILITY

|                | Y | How my disability might affect my ability to respond to an emergency | Support plan |
|----------------|---|--|--------------|
| Intellectual   |   |  |              |
| Learning       |   |  |              |
| Speech-related |   |  |              |
| Sensory        |   |  |              |
| Physical       |   |  |              |
| Neurological   |   |  |              |
| Other:         |   |  |              |

## MY WILL

|                     | Solicitor/s | Address | Phone |
|---------------------|-------------|---------|-------|
| Location of my Will |             |         |       |

## MY POWER OF ATTORNEY:

## MY INSURANCE

|                   | Insurer | Contact details | Policy number |
|-------------------|---------|-----------------|---------------|
| Home and contents |         |                 |               |
| Health            |         |                 |               |
| Car               |         |                 |               |
| Life              |         |                 |               |
| Income protection |         |                 |               |
| Business          |         |                 |               |



Consider your particular needs and how your support network might best assist you during an emergency. If you require help to evacuate, include written instructions and ensure your support network is aware of your plan. For example, “I am diabetic. Please take my insulin from the refrigerator”, “My service animal may legally remain with me”.

## MY IMPORTANT ITEMS LIST AND PLAN

| Item | Location | Plan for protection |
|------|----------|---------------------|
|      |          |                     |
|      |          |                     |
|      |          |                     |

See **Step 3** for more information about how to identify and protect important items.

## MY ANIMAL PLAN

| Animal name | Breed | Microchip number | Vet/Kennel contact details | Emergency safe place | Equipment required | Plan |
|-------------|-------|------------------|----------------------------|----------------------|--------------------|------|
|             |       |                  |                            |                      |                    |      |
|             |       |                  |                            |                      |                    |      |
|             |       |                  |                            |                      |                    |      |
|             |       |                  |                            |                      |                    |      |
|             |       |                  |                            |                      |                    |      |
|             |       |                  |                            |                      |                    |      |
|             |       |                  |                            |                      |                    |      |



In planning for emergencies you'll also need to think about your pets and animals and what they would need over the course of a week or more, including food, identification, medication, transport and accommodation.



# MY IMPORTANT NUMBERS

## EMERGENCIES

|                       |               |
|-----------------------|---------------|
| Police Fire Ambulance | 000           |
| SES                   | 132 500       |
| Poisons Info Line     | 13 11 26      |
| Lifeline              | 13 11 14      |
| BeyondBlue            | 1300 22 46 36 |

## MY IMPORTANT CONTACTS

|           |  |                                  |  |
|-----------|--|----------------------------------|--|
| Doctor    |  | Home Care Agency                 |  |
| Dentist   |  | Local Radio Frequencies<br>ABC   |  |
| Vet       |  | Local Radio Frequencies<br>Other |  |
| Solicitor |  | Out-of-Town Contact              |  |
| Council   |  | Power of Attorney                |  |
| Gas       |  | Insurer                          |  |
| Telco     |  | Bank                             |  |
| Power     |  | Roadside Assistance              |  |
| Water     |  |                                  |  |



# MY IMPORTANT NUMBERS

## MY HOUSEHOLD NUMBERS

| Name | Work | School | Mobile |
|------|------|--------|--------|
|      |      |        |        |
|      |      |        |        |
|      |      |        |        |
|      |      |        |        |
|      |      |        |        |

## MY NEIGHBOURS / PERSONAL CARE NETWORK NUMBERS

| Name | Work | Mobile |
|------|------|--------|
|      |      |        |
|      |      |        |
|      |      |        |
|      |      |        |

## OTHER IMPORTANT NUMBERS

| Name | Work | Mobile |
|------|------|--------|
|      |      |        |
|      |      |        |
|      |      |        |
|      |      |        |



### Tip:

Store these numbers in your phone and take a picture of the card so you will have all your important details available in one place. You may also want to send a copy to friends or relatives to have on file in case of an emergency.