

Template: If I'm Hospitalised Action Plan

Who to Call

- Primary emergency contact(s):
Name: _____
Phone(s): _____
- Primary care doctor/specialist:
Name: _____
Phone(s): _____
- Employer/work contact:
Name: _____
Phone(s)/Email: _____
- Pet caregiver/friend:
Name: _____
Phone(s): _____

What to Bring to Hospital

- Important documents:
☐ Medicare card ☐ Health insurance cards ☐ Appointment letters
☐ Advance health directive ☐ Power of attorney ☐ ID _____
- Payment method: _____
- List of current medications (attach list if needed):
- Specific medication aids to bring (inhalers, creams, etc.):
- Clothing:
☐ Comfortable clothes ☐ Nightwear (button-up preferred) ☐ Slippers/shoes
- Toiletries to bring: _____
- Mobility aids/glasses/hearing aids: _____
- Electronics & entertainment:
Mobile phone: ☐ Yes ☐ No Charger: ☐ Yes ☐ No
- Snacks and water (non-perishable preferred): _____
- Other personal items: _____

Medications Needed

- List of all current medications with dosages and schedules:
- Emergency medications to bring: _____

Pets to Feed / Arrange Care

- Pet caregiver: _____
- Instructions for pet care: Feeding times, meds, exercise, etc.
- Pet emergency contact: _____
- Pet supplies location: _____

Bills to Pay / Financial Arrangements

- Bills scheduled for upcoming dates:
Bill: _____ Due Date: _____
Bill: _____ Due Date: _____
- Automatic payments set up: ☐ Yes ☐ No
- Trusted person to manage urgent payments:
Name: _____
Phone: _____

Employer Notice

- Employer/HR contact:
Name: _____
Phone/Email: _____
- Date notified: _____
- Expected return to work date: _____
- Type of leave taken: ☐ Sick leave ☐ Medical leave ☐ Other: _____
- Additional notes for employer: _____

Disclaimer: This template is for informational purposes only and does not constitute professional advice. We do not guarantee the accuracy or reliability of its information or calculations.

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