



COVID-19 Care Plan for adults

This plan can be used for adults and dependent adults you care for at home.

If you are a parent or carer of children, use the Care Plan for parents or carers and children on the HealthyWA website (healthywa.wa.gov.au).

It is important to plan in case you or anyone in your household gets COVID-19 and needs to stay at home.

Most people with up-to-date vaccinations who get COVID-19 experience only mild symptoms and can care for themselves at home, with support from their GP. Other people may need to go to hospital.

A COVID-19 Care Plan (Care Plan) includes important information about you and your health, and includes a plan for the care of your pets and other adults in your care, should you need to go to hospital.

You can share your plan with:

- your GP
- your family or support person
- hospital staff and other healthcare workers.

How to use this plan

- A Care Plan should be completed for everyone in your household.
- Complete Part A – if you are an adult.
Complete Part B – for any dependent adults you care for at home.
- Print your completed Care Plan and an individual care plan for every dependent adult you care for at home. Keep the Care Plans somewhere easy to find, like on your fridge or near your bed.
- If you get COVID-19, use this plan.



COVID-19 Care Plan

Part A – Adult

Complete this section if you are an adult

*Your personal information is private. GPs and other healthcare workers must keep your personal information private

Full name

Age

Date of birth (DD/MM/YYYY)

Phone number

Address

Email address

Medicare number

Expiry

ID number

Private health insurance provider

Card number

ID number

COVID-19 vaccination status

First dose

Second dose

Third dose

Booster

Winter booster

Medical exemption

Medical conditions

(Are you pregnant, do you have diabetes, or a heart or lung condition)

Are you currently receiving treatment for cancer?
(if yes, what type of cancer, and what type of treatment?)



Current medications

Medication name	Dose	Times to be given
Medication name	Dose	Times to be given
Medication name	Dose	Times to be given
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Medication name	Dose	Times to be given
Medication name	Dose	Times to be given

Allergies

Allergy name

Medication or treatment

Allergy care plan provided

Allergy name

Medication or treatment

Allergy care plan provided

Allergy name

Medication or treatment

Allergy care plan provided



Do you have a disability? (if yes, provide details of your disability, carer or support services)

Do you have a current health care plan? Yes No
(e.g. a mental health care plan or plan for the treatment of an existing health condition)
If yes, record the details of the plan and healthcare agencies you consult

Do you have any other health conditions?



Complete this section if you test positive to COVID-19

Date your symptoms started

Date you took your positive COVID-19 test

Next of kin (closest relative)

Relationship

Next of kin's phone number

Next of kin's address

Next of kin's email address (if relevant)

Monitor my COVID-19 symptoms

To monitor your COVID-19 symptoms, print the symptoms diary [here](#)

GP, specialist or healthcare worker who will help look after you

If you test positive for COVID-19, you may need to seek support from your GP, treating specialist or healthcare worker. Provide their contact details below.

Name

Title (e.g. GP, cardiologist)

Phone number

Address

Email address (if relevant)

Name

Title (e.g. GP, cardiologist)

Phone number

Address

Email address (if relevant)



Do you have pets/livestock in your care?

Yes No

If you need to go to hospital with COVID-19, you would like the following people to care for your pets/livestock (list in order of preference)

1. Name

Address

Phone number

Discussed with carer? Yes

2. Name

Address

Phone number

Discussed with carer? Yes

3. Name

Address

Phone number

Discussed with carer? Yes

4. Name

Address

Phone number

Discussed with carer? Yes



COVID-19 Care Plan for dependent adult

Complete this section to share information about your dependent adult's needs.

This plan will contain important information about your dependent adult, their needs, and who will care for them while you're at home or in hospital with COVID-19. Complete and print for each dependent adult in the household who is in your care.

Part B – Dependent adult

An adult member of the household that you care for who may have a disability or health condition

Full name

Age

Date of birth (DD/MM/YYYY)

Phone number

Address

Email

Medicare number

Expiry

ID number

Private health insurance provider

Card number

ID number

COVID-19 vaccination status

First dose

Second dose

Third dose

Booster

Winter booster

Medical exemption

Medical conditions (e.g. are you pregnant, do they have diabetes, or a heart or lung condition)

Are you currently receiving treatment for cancer? (if yes, what type of cancer, and what type of treatment?)



Current medications

Medication name	Dose	Times to be given
Medication name	Dose	Times to be given
Medication name	Dose	Times to be given
Medication name	Dose	Times to be given
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Medication name	Dose	Times to be given
Medication name	Dose	Times to be given
Medication name	Dose	Times to be given

Allergies

Allergy name

Medication or treatment

Allergy care plan provided

Allergy name

Medication or treatment

Allergy care plan provided

Allergy name

Medication or treatment

Allergy care plan provided



Do you have a disability? (if yes, provide details of the disability and carer or support services)

Do you have a current health care plan? Yes No
 (e.g. a mental health care plan or plan for the treatment of an existing health condition)

Do you have any other health conditions?

GP, specialist or healthcare worker who will help look after this dependent adult

If you test positive for COVID-19, you may need to seek support from the GP, treating specialist or healthcare worker. Provide their contact details below.

Name

Title (e.g. GP, cardiologist)

Phone number

Address

Email address (if relevant)

Name

Title (e.g. GP, cardiologist)

Phone number

Address

Email address (if relevant)



Complete this section if this dependent adult tests positive to COVID-19

Date symptoms started

Date of positive COVID-19 test

Next of kin (closest relative)

Relationship

Next of kin's phone number

Next of kin's address

Next of kin's email address (if relevant)

**Who will care for you if you get COVID-19 and have to stay at home or go to hospital?
(list in order of preference)**

1. Name

Address

Phone number

Carer agreed? Yes

2. Name

Address

Phone number

Carer agreed? Yes

3. Name

Address

Phone number

Carer agreed? Yes

Notes or more information



Do you have pets/livestock?

Yes No

If I need to go to hospital with COVID-19, I would like the following people to care for my pets/livestock (list in order of preference)

1. Name

Address

Phone number

Discussed with carer? Yes

2. Name

Address

Phone number

Discussed with carer? Yes

3. Name

Address

Phone number

Discussed with carer? Yes

4. Name

Address

Phone number

Discussed with carer? Yes

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This document can be made available in alternative formats on request.

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