

# COVID and Flu Care Plan for Adults

It's important to have a plan in case you or anyone in your household gets COVID-19 or the flu. If this happens, you will need to isolate at home.

Most people who are fully vaccinated and get COVID-19 or the flu will experience mild symptoms and can care for themselves at home. Others may need to contact their GP for advice and management (including medication) and a few will need to go to hospital.

## What is a COVID and Flu Care Plan?

The plan lists important information about you, your health, and the people in your household. It will help the team who looks after you if you get COVID-19 or the flu understand your health care and support needs and decide on the best care for you.

You can share it with:

- your doctor
- other health workers
- hospital staff
- a friend or family member.

## Which COVID and Flu Care Plan should I use?

Use this plan if you are an adult who is not a parent or legal carer of a child, or if you are an adult who has other adults in your care.

Visit [www.nt.gov.au/covid-ready](http://www.nt.gov.au/covid-ready) to find a plan for NT:

- Parents/carers and children
- Aboriginal and Torres Strait Islander people - [www.makethechoice.com.au](http://www.makethechoice.com.au)

## How to use this plan:

### Step 1

Every person who lives in or regularly stays in your household should complete a plan.



### Step 2

Keep it somewhere easy to find, like on your fridge, near your phone charger or bed.



### Step 3

If you get COVID-19 or the flu, use this plan when you speak to anyone providing care.



Take a copy of this plan with you if you need to go to hospital.

# COVID and Flu Care Plan

\*Your personal information will be safe. Under the law, all health workers MUST keep your private information confidential.

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Name:

Age

Date of birth:

Phone number:

Address:

Email:

Medicare number:

Expiry:

HRN if known:

COVID-19 vaccination status:

First dose:

Second dose:

Boosters:

Medical exemption:

Last Influenza Dose:

Any medical conditions:

Current medications:

Allergies:

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

Do you have any health conditions?

Do you have a current care plan?

(this could include a mental health plan or care plan for treatment of an existing health condition)

Do you have a plan for managing COVID-19 or flu as discussed with your GP?

(e.g. are you eligible for COVID-19 or flu medications)

### **Add the contact details for your current health team**

If you don't have a current health team consider which GP you would contact if you need health care

GP or clinic name:

Phone:

Address:

Email:

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

### **Complete this section if you test positive for COVID-19 or the flu**

Date your symptoms started:

Date you took your positive

COVID-19 or flu test:

What kind of test/symptoms:

Next of kin:

Relationship:

Their contact details:

### Add the contact details for the team who will look after you

If you test positive for COVID-19 or the flu, provide details of contacts you are given to help care for you if they are not your normal health care team.

Health team:

Phone:

Address:

Email:

### Are there pets/livestock in your care? (this could be a household pet or livestock on your property)

Yes

No

If yes, please provide the details of who will care for your pets/livestock if needed:

### If I/we need to go to alternative accommodation with COVID-19 then I would like the following people to care for my pets/livestock:

Please list in order of preference. Are these people aware that you have nominated them?

Name of proposed carer:	Address:	Phone number:	Discussed with proposed carer:
1.			Yes
2.			Yes
3.			Yes

### Other household members' information

#### Household member 1 - Dependant adult

(an adult member of your household you care for who might be a person with a disability or health condition)

Name:

Age

Date of birth:

Phone number:

Address:

Email:

Medicare number:

Expiry:

HRN if known:

COVID-19 vaccination status:

First dose:

Second dose:

Boosters:

Medical exemption:

Last influenza dose:

Any medical conditions:

Current medications:

Allergies:

Does this person have a disability? (if yes, please provide the details of their carer or support services)

Does this person have a current care plan?

(this could include a mental health plan or care plan for treatment of an existing health condition)

Do they have a plan for managing COVID-19 or flu as discussed with your GP?

(e.g. are they eligible for COVID-19 or flu medications)

**Complete this section if the dependent person in your care tests positive for COVID-19 or the flu**

Date their symptoms started:

Date of positive COVID-19  
or flu test:

What kind of test/symptoms:

Next of kin:

Relationship:

Their contact details:

### Who will care for this person if you get COVID-19 and have to isolate or go to alternative accommodation?

Please list in order of preference, who will care for this person if you need to isolate or go to Alternative accommodation.

Are these people aware that you have nominated them?

Name of proposed carer:	Address:	Phone number:	Discussed with proposed carer:
1.			Yes
2.			Yes
3.			Yes

### Please record any additional information here:

### Household Member 2

Name:

Age

Date of birth:

Phone number:

Address:

Email:

Medicare number:

Expiry:

HRN if known:

COVID-19 vaccination status:

First dose:

Second dose:

Boosters:

Medical exemption:

Last influenza dose:

Any medical conditions:

Current medications:

Allergies:

Do they have a disability? (if yes, please provide the details of their carer or support services)

Does this person have a current care plan?  
(this could include a mental health plan or care plan for treatment of an existing health condition)

Do they have a plan for managing COVID-19 or flu as discussed with your GP?  
(e.g. are they eligible for COVID-19 or flu medications)

### **Complete this section if this person tests positive for COVID-19 or the flu**

Date their symptoms started:

Date they had a positive  
COVID-19 or flu test:

What kind of test/symptoms:

Next of kin:

Relationship:

Their contact details:

**Please record any additional information here:**

### Household Member 3

Name:

Age

Date of birth:

Phone number:

Address:

Email:

Medicare number:

Expiry:

HRN if known:

COVID-19 vaccination status:

First dose:

Second dose:

Boosters:

Medical exemption:

Last influenza dose:

Any medical conditions:

Current medications:



Allergies:

Do they have a disability? (if yes, please provide the details of their carer or support services)

Does this person have a current care plan?

(this could include a mental health plan or care plan for treatment of an existing health condition)

Do you have a plan for managing COVID-19 or flu as discussed with your GP?

(e.g. are you eligible for COVID-19 or flu medications)

### **Complete this section if this person tests positive for COVID-19 or the flu**

Date their symptoms started:

Date they had a positive  
COVID-19 or flu test:

What kind of test/symptoms:

Next of kin:

Relationship:

Their contact details:

**Please record any additional information here:**