

Contact Information of the Health Care Team Members

PROFESSIONAL - NAME	CONTACT INFORMATION
Audiologist	
Blind and Low Vision Specialist	
Case Manager	
Chaplain	
Department of Defense Military Liaison	
Dietitian	
Neurologist	
Neuro-ophthalmologist	
Neuropsychologist	
Neurosurgeon	
Occupational Therapist (OT)	
Palliative Care Team	
Physiatrist	

Contact Information of the Health Care Team Members

PROFESSIONAL - NAME	CONTACT INFORMATION
Physical Therapist (PT)	
Primary Care Provider or Primary Care Manager	
Psychiatrist	
Recreational Therapist (RT)	
Rehabilitation Nurse	
Rehabilitation Psychologist	
Social Worker	
Speech Language Pathologist (SLP)	
VA, DoD Liaison for Healthcare/ VA, DoD Polytrauma Rehabilitation Nurse	
Veterans Benefits Associate (VBA)	
Vocational Rehabilitation Counselor	

Caregiver Support Worksheet

Caregiving Task	Who Can Help	Contact Information
Everyday Tasks:		
Meal Planning		
Lawn Care		
Grocery Shopping		
Meal Preparation		
Light Housekeeping		
Transportation for:		
Other Family Members		
Shopping & Errands		
Child Care		
Pet Care		
Care Tasks:		
Coordinating Home Care Team		
In-home Supervision/Companionship		
Transportation for:		
Medical Appointments		
Support Group/Counseling		
Care Team Meetings/Dinner		
Personal Hygiene:		
Bathing		
Other, e.g. hair, nails, skin		
Hands-on Medical Treatments/Exercise/Therapy		
Scheduling Medical Appointments		
Managing Medications		

Caregiver Support Worksheet

Caregiving Task	Who Can Help	Contact Information
Recreation Activities		
For the Service Member/Veteran		
For the Family Caregiver		
For Other Family Members		
Finances/Legal		
Banking		
Paying Bills		
Managing Military/VA Benefits		
Managing Insurance Claims		
Handling Legal Matters		
Finding Community Services		

**General Home Safety Checklist for Individuals with
Perceptual and Cognitive Problems**

Area of Focus	Yes	No
1. While cooking, is a timer available to help you keep track of items cooking on the flame? (attention and memory problems)		
2. Do you use a “whistling” teakettle? (attention and memory problems)		
3. Are commonly used items kept in the same location? (attention and memory problems)		
4. Have commonly used telephone numbers been pre-programmed into the telephone and/or posted near the telephone? (memory problems, sequencing problems)		
5. Do you use a calendar or scheduling book to help remind you of important events? (attention and memory problems)		
6. If necessary, have you posted signs by the door to help remind you to: Lock the front door when you leave Turn off appliances when you finish using them Take out the garbage (attention, memory problems)		
7. Is your front door house key color coded for easy identification? (memory problems, distractibility)		
8. When the doorbell rings, do you use the peep hole to identify who it is before opening the door to let the person in? (impulsivity, decreased judgment)		
9. When necessary, do you utilize checklists with correct steps and sequences for household tasks, such as the laundry or making a bed? (poor attention, memory problems, sequencing problems)		

**General Home Safety Checklist for Individuals with
Perceptual and Cognitive Problems**

Area of Focus	Yes	No
10. Are directions and steps for multi-step tasks posted at appropriate locations (e.g., near washing machine)? (sequencing problems, difficulty initiating tasks, attention and memory problems)		
11. Are sharp utensils separated from other items and arranged in a kitchen drawer with handles pointing towards you? (perceptual impairments, impulsivity)		
12. Are toxic household cleaning fluids kept separate from other items to avoid potential confusion? (perceptual impairments, attention problems)		
13. Have unnecessary items been removed from the living environment to decrease confusion and distraction? (perceptual impairments, attention problems)		
14. Are commonly used items kept in a consistent, prominent place? (memory and attentional problem)		
15. Are cabinets labeled to assist in locating objects? (memory and attentional problems, safety)		
16. If you are “neglectful” of one side of your body, are objects placed and positioned where you can see and reach them? (perceptual impairments)		
17. Do you use a watch with an alarm and calendar display? (memory problems)		
18. Are the most “taxing” household activities planned for the time of day when you feel most alert and attentive? (attentional problems, fatigue)		
19. Do you have a “Medi-Alert” system in place? (safety, language difficulties)		
20. Does a family member or friend have a key to your home in case of emergencies? (safety)		

Safety Plan Worksheet



Purpose: Providers and patients complete Safety Plan together, and patients keep it with them

Step 1. Warning signs (that I might be headed toward a crisis and the Safety Plan should be used):

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Step 2. Internal coping strategies (things I can do to distract from my problems without contacting another person):

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Step 3. People, places and social settings that provide healthy distraction (and help me feel better):

- Name and phone number:
- Name and phone number:
- Place:
- Place:

Step 4. People I can contact to ask for help (family members, friends and co-workers):

- Name and phone number:
- Name and phone number:
- Name and phone number:
- Name and phone number:

Step 5. Professionals or agencies that can help me during a crisis:

- Clinician/Agency (Name, phone, pager, emergency contact number)
- Clinician/Agency (Name, phone, pager, emergency contact number)
- Local Emergency Department (Name, phone number, location/address)
- Other (Name, phone, pager, emergency contact number)



Military/Veterans Crisis Line:

Dial 800-273-TALK (8255), press 1 for military, or text 838255 or live chat at <http://militarycrisisline.net> for 24/7 crisis support.

National Suicide Prevention Lifeline:

Dial 800-273-TALK (8255) or live chat at <https://suicidepreventionlifeline.org> for 24/7 crisis support.

Step 6. Making my environment safe (plans for removing or limiting access to lethal means):

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Step 7: My reasons for living (things that are most important to me and worth living for):

1. <input type="text"/>	4. <input type="text"/>
2. <input type="text"/>	5. <input type="text"/>
3. <input type="text"/>	6. <input type="text"/>

