**Support Strategies**

Surname:

Given name:

Date of Birth:

**(Affix patient label here)**





Sex:

**H**as a cognitive disability

**E**xtra assistance required

**L**ives with 24-hour support

**P**rovide care in ALL ADLs

SESLHD would like to acknowledge Carer Support Unit, Central Coast LHD for developing the TOP 5 tools resources and processes.

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| **4** |  |
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**Compiled by: : Emergency Contact: Telephone:**

**Date: : Emergency Contact: Telephone:**

**Emergency Contact: e: Emergency Contact: Telephone:**

**Telephone: : Emergency Contact: Telephone:**