My Home Fall-Recovery Plan

Complete together with your family, caregiver, and healthcare team.
Keep this plan in a secure place that you and your agreed helpers can access.

Name: _____ Date: _____

Emergency: call 911 if an injury is suspected.
Seek help if recovery is unsafe or uncertain. Do not use ResQUp if pain is reported or injury is suspected. Do not try to lift another person yourself.

- ☐ We have discussed when to call 911 and when to seek help.
- ☐ My phone or personal alarm arrangement is recorded.
  - Device / where I keep it: _____
- ☐ My primary contact has agreed to help.
  - Name and phone: _____
- ☐ My backup contact has agreed to help.
  - Name and phone: _____
- ☐ We have agreed how helpers can enter the home.
  - Entry arrangement: _____
- ☐ We have identified questions for my healthcare team.
  - Therapist / healthcare contact: _____
  - Recovery options to discuss: _____
- ☐ We have discussed appropriate equipment and access.
  - Equipment, if recommended: _____
  - Storage location / who can retrieve it: _____
  - Instructions or training still needed: _____
- ☐ We have agreed on our next action and review date.
  - Next action / who will arrange it: _____
  - Next review date: _____

General education only. Does not replace medical advice, emergency help, or product instructions.
Discuss recovery techniques and equipment with your physical or occupational therapist.