Appendix c: Care Team Roster

Complete this document and post it prominently in the PwME's Room. Place a copy in the "Go Bag". Care Team members may benefit from receiving a personal copy.

a. Primary Caregiver(s):

Name: _____ Name: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

b. Backup Emergency Caregiver:

Name: _____

Phone:_____

Relationship: _____

b. Designate a trusted individual (preferably now) to provide care/assistance/advice for your Person with ME (PwME) during an emergency if you are unavailable.

c. Chief Information Officer (CIO):

Name: _____

Phone: _____

Relationship: _____

d. Medical Team:

Family Doctor: _____

ME/CFS/Long Covid Specialist: _____

Pharmacy: _____

e. Local Emergency Services:

Nearest Hospital: _____

Urgent Care: _____

BC HealthLink (811)