

## 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)