🛠️ Welcome to Scarleteen's Care Web Toolkit

This version of the toolkit can be used in a few ways: As a template for your own DIY toolkit, to edit directly as a digital toolkit, or print it out to use as a physical toolkit. Prefer to use a spreadsheet, or looking for further guidance? Head to scarleteen.com/care-toolkit for more information.

The Sections:

- 👤 **About Me** – space to record basic information about you.

- 📞 **My Contacts** – provides space to list all the people in your life you can rely on—not just for medical things, but life in general, from relationship advice to rides to the abortion clinic.

- ⚖️ **My Insurance Information** – the place to save information about your insurance plans and details.

- 🕐 **My Medical History** – provides the dates (and details) of any allergies, diagnoses (including self-diagnosis), treatments and surgeries you have had.

- 👩‍⚕️ **My Healthcare Providers** – provides space to list all the doctors, healthcare professionals, and clinics you see.

- 📅 **My Visits** – is the place to keep track of all your appointments/visits with your heathcare providers.

- 🏪 **My Pharmacies & Suppliers** – provides a table of pharmacies you use, where you get other supplies related to your conditions and folks who provide maintenance and upkeep of any medical devices or assistive technologies/equipment you rely on.

- 💊 **My Meds, Supplies & Devices** – lists all your medications, medical supplies, devices, and equipment, where you get them (referring to the "Pharmacies (etc)" sheet, and the "Doctors (etc)" sheet.)

- 📔 **My Log (Medications/Supplies/Devices)** – Log your

- 🧙 **My Other Resources** – may be helpful for you to list resources available to you in your community or online, along with some basic information about what they offer.

What To Do First

First, you will need to establish where you are going to work on this document.

Microsoft Word (proprietary), and LibreOffice (free & open source) are both multi-platform apps and can open this ".docx" file. The .xlsx format used should work on most spreadsheet software.

This file will be compatible with Google Docs if you upload it there yourself, however working on the cloud is not what we recommend. We recommend working on it locally (meaning not in the cloud). If you do choose to keep any of your private information in the Google Drive, please refer to "Make your Google Account more secure" (https://support.google.com/accounts/answer/46526)

A Note on Privacy

We strongly recommend keeping this toolkit in a local file only (not in Google Drive or cloud storage, if you can help it), because it contains sensitive information about you

If you share it with other people, think about how they might use this information and whether they are trusted people in your life. You can cut and paste important information to share separately with them, rather than giving them the entire toolkit.

Avoid storing passwords in this toolkit and if you have sensitive information about other people (such as the full name and phone number of someone who provides abortions), consider encoding it in some way. You can use a password/secret manager like BitWarden for more sensitive information like that.

Extra Space

For each section of this document, as you continue to update it, you will probably need more space to write more information.

If you're using it digitally you can do this by adding more rows to whichever table you're working in (usually by right-clicking the last row and selecting "Insert Row" or similar).

If you're working on a printed version, every section should have at least one page which is mostly taken up by rows of information – you can print off extra copies of just these pages to get more rows.

👤 About Me

This section provides space to record basic information about you.

My Chosen Name	
My Legal Name, If Different	
My Pronouns	
Date of Birth	
My Contact Phone Number	
My Email	
My Mailing (Postal) Address	
My Physical Address, If Different	
I have an advance healthcare directive	
...last updated on...	
Copies on file at...	
Primary Emergency Contact:	Name: *(Details in "📞 Contacts" table)*
Okay to release medical info to:	
NOT OKAY to release medical info to:	
Other reference codes/numbers:	

📞 My Contacts

(Helpers, Carers, Emergency Contacts, and People I Help)

This section provides space to list all the people in your life you can rely on—not just for medical things, but life in general, from relationship advice to rides to the abortion clinic.

INSTRUCTIONS

1. Under "Emergency Contact?" Note if this one of the people who should be contacted in an emergency?
2. Under "Okay to Share?" note what kind of information can be shared with a helper by a third party, or what information that helper can share with others
3. Under "Legal/healthcare decisionmaker?" note if this person is a healthcare decisionmaker such as a parent/guardian, person listed on an advance directive, or person who has a healthcare power of attorney?
4. Under "Legal/healthcare decisionmaker?" note if this person is a legal decisionmaker such as a parent/guardian or a person listed on a power of attorney document?

Name:	Relation-ship:	Emergency Contact?	OK to share?	Legal/healthcare decisionmaker?	What they help with/how I help them	Contact Information	Days/times available
		Yes / No				Phone: Email: Address:	
		Yes / No				Phone: Email: Address:	
		Yes / No				Phone: Email: Address:	

Name:	Relation-ship:	Emergency Contact?	OK to share?	Legal/healthcare decisionmaker?	What they help with/how I help them	Contact Information	Days/times available
		Yes / No				Phone: Email: Address:	
		Yes / No				Phone: Email: Address:	
		Yes / No				Phone: Email: Address:	
		Yes / No				Phone: Email: Address:	
		Yes / No				Phone: Email: Address:	
		Yes / No				Phone: Email: Address:	

⚖️ My Insurance Information

This section is the place to save information about your insurance plans and details.

INSTRUCTIONS

1. If you have more than one insurance plan, use "Priority" to indicate which should be billed first. Typically, if you have public insurance, that plan will be billed first.
2. If you have separate insurance plans for different types of coverage, such as dental or vision, note that in "Info"
3. If you have printed this, cross out your old policies and add new policies on a new row

Insurance Provider	Policy Number	Group Number	RX Plan	Log-in Page	Priority	Info

🕐 My Medical History

This section can be used to store the dates (and details) of any allergies, diagnoses (including self-diagnosis), treatments and surgeries you have had.

Medical diagnosis or event	Record Type *(Circle)*	Date (of event/assessment)	Details
	Allergy / Condition / Current Symptoms / Family History / Hospitalization / Surgery / Other		
	Allergy / Condition / Current Symptoms / Family History / Hospitalization / Surgery / Other		
	Allergy / Condition / Current Symptoms / Family History / Hospitalization / Surgery / Other		
	Allergy / Condition / Current Symptoms / Family History / Hospitalization / Surgery / Other		
	Allergy / Condition / Current Symptoms / Family History / Hospitalization / Surgery / Other		
	Allergy / Condition / Current Symptoms / Family History / Hospitalization / Surgery / Other		

Medical diagnosis or event	Record Type *(Circle)*	Date (of event/assessment)	Details
	Allergy / Condition / Current Symptoms / Family History / Hospitalization / Surgery / Other		
	Allergy / Condition / Current Symptoms / Family History / Hospitalization / Surgery / Other		
	Allergy / Condition / Current Symptoms / Family History / Hospitalization / Surgery / Other		
	Allergy / Condition / Current Symptoms / Family History / Hospitalization / Surgery / Other		
	Allergy / Condition / Current Symptoms / Family History / Hospitalization / Surgery / Other		
	Allergy / Condition / Current Symptoms / Family History / Hospitalization / Surgery / Other		
	Allergy / Condition / Current Symptoms / Family History / Hospitalization / Surgery / Other		

🧑‍⚕️ My Healthcare Providers

(doctors, therapists, clinics)

This section provides space to list all the doctors, healthcare professionals, and clinics you see.

Name	Role	Mode	Clinic Details	Same Day?	Prescribes	Details
	Primary / Specialist *(Circle)* **Specialty:**	In-person / Video call *(Circle)*	**Name:** **Phone:** **Address:**	Yes / No *(Circle)*		Online Patient Portal Info: Other Notes:
	Primary / Specialist *(Circle)* **Specialty:**	In-person / Video call *(Circle)*	**Name:** **Phone:** **Address:**	Yes / No *(Circle)*		Online Patient Portal Info: Other Notes:
	Primary / Specialist *(Circle)* **Specialty:**	In-person / Video call *(Circle)*	**Name:** **Phone:** **Address:**	Yes / No *(Circle)*		Online Patient Portal Info: Other Notes:

Name	Role	Mode	Clinic Details	Same Day?	Prescribes	Details
	Primary / Specialist *(Circle)* Specialty:	In-person / Video call *(Circle)*	Name: Phone: Address:	Yes / No *(Circle)*		Online Patient Portal Info: Other Notes:
	Primary / Specialist *(Circle)* Specialty:	In-person / Video call *(Circle)*	Name: Phone: Address:	Yes / No *(Circle)*		Online Patient Portal Info: Other Notes:
	Primary / Specialist *(Circle)* Specialty:	In-person / Video call *(Circle)*	Name: Phone: Address:	Yes / No *(Circle)*		Online Patient Portal Info: Other Notes:
	Primary / Specialist *(Circle)* Specialty:	In-person / Video call *(Circle)*	Name: Phone: Address:	Yes / No *(Circle)*		Online Patient Portal Info: Other Notes:

📅 My Visits

This section is the place to keep track of all your appointments/visits with your heathcare providers.

(Fill-out **before** visit)				(Fill-out **after** visit)		
Appointment With	Date	Mode	Purpose of Appt.	Concerns Discussed	Instructions from Appointment	Next Visit
		In-person / Video call *(Circle)*				
		In-person / Video call *(Circle)*				
		In-person / Video call *(Circle)*				
		In-person / Video call *(Circle)*				
		In-person / Video call *(Circle)*				
		In-person / Video call *(Circle)*				

			(Fill-out **before** visit)	(Fill-out **after** visit)		
Appointment With	**Date**	**Mode**	**Purpose of Appt.**	**Concerns Discussed**	**Instructions from Appointment**	**Next Visit**
		In-person / Video call *(Circle)*				
		In-person / Video call *(Circle)*				
		In-person / Video call *(Circle)*				
		In-person / Video call *(Circle)*				
		In-person / Video call *(Circle)*				
		In-person / Video call *(Circle)*				
		In-person / Video call *(Circle)*				

🏪 My Pharmacies & Suppliers

(Including of medical devices or assistive equipment maintenance etc)

This section provides a table of pharmacies you use, where you get other supplies related to your conditions and folks who provide maintenance and upkeep of any medical devices or assistive technologies/equipment you rely on.

Pharmacy/Supplier & Contact	Needed for	Pickup or Mail?	Open Hours	Contact Info
Pharmacy/ Supplier Name: Contact Person:				Phone: Email: Portal Login: Address:
Pharmacy/ Supplier Name: Contact Person:				Phone: Email: Portal Login: Address:
Pharmacy/ Supplier Name: Contact Person:				Phone: Email: Portal Login: Address:

Pharmacy/Supplier & Contact	Needed for	Pickup or Mail?	Open Hours	Contact Info
Pharmacy/ Supplier Name: Contact Person:				Phone: Email: Portal Login: Address:
Pharmacy/ Supplier Name: Contact Person:				Phone: Email: Portal Login: Address:
Pharmacy/ Supplier Name: Contact Person:				Phone: Email: Portal Login: Address:
Pharmacy/ Supplier Name: Contact Person:				Phone: Email: Portal Login: Address:

💊 My Meds, Supplies & Devices

(Medications, Supplies, Devices, Equipment, Recurring Care)

This section lists all your medications, medical supplies, devices, and equipment, where you get them (referring to the Pharmacies section, and the Healthcare Providers section.

INSTRUCTIONS

For "Item Type"
- **Medications:** Medication names and active compounds (e.g. Prozac, fluoxetine)
- **Supplies:** Any medical supplies you use, such as needles for injectables or colostomy bags
- **Devices:** Medical equipment such as CPAP machines or wheelchairs
- **Recurring care:** Infusions, physical therapy appointments, regular lab work, and other medical care you receive on a repeating basis

For "Dose/Details"
1. How often you take a medication, whether there are special storage instructions such as refrigeration, and whether there are precautions such as not taking it with alcohol or taking it with food
2. How often your medical equipment needs maintenance or how often components, such as filters and masks for CPAP, need to be replaced
3. Anything you need to do to prepare for recurring treatments, such as fasting for bloodwork"

Item	Item Information	Access Information
	Type: Medications / Supplies / Devices / Recurring Care / Other *(circle)* **Refill/Replace/Service/Repeat:** every days **Purpose:** **Dose/ Details:** **Side Effects/Issues /Cautions/Interactions:**	Pickup / Mail *(circle)* Supplier: Prescriber: Date Started:

Item	Item Information	Access Information
	Type: Medications / Supplies / Devices / Recurring Care / Other *(circle)* **Refill/Replace/Service/Repeat:** every days **Purpose:** **Dose/ Details:** **Side Effects/Issues /Cautions/Interactions:**	Pickup / Mail *(circle)* Supplier: Prescriber: Date Started:
	Type: Medications / Supplies / Devices / Recurring Care / Other *(circle)* **Refill/Replace/Service/Repeat:** every days **Purpose:** **Dose/Details:** **Side Effects/Issues /Cautions/Interactions:**	Pickup / Mail *(circle)* Supplier: Prescriber: Date Started:
	Type: Medications / Supplies / Devices / Recurring Care / Other *(circle)* **Refill/Replace/Service/Repeat:** every days **Purpose:** **Dose/Details:** **Side Effects/Issues /Cautions/Interactions:**	Pickup / Mail *(circle)* Supplier: Prescriber: Date Started:
	Type: Medications / Supplies / Devices / Recurring Care / Other *(circle)* **Refill/Replace/Service/Repeat:** every days **Purpose:** **Dose/Details:** **Side Effects/Issues /Cautions/Interactions:**	Pickup / Mail *(circle)* Supplier: Prescriber: Date Started:

📒 My Log (Medications/Supplies/Devices)

Use this to keep a record of when you have started, stopped or changed your medications/supplies/devices. "Recurring Day" refers to any day when you have had a device serviced or received a recurring treatment.

Date	Item/Medication (From table above)	Event being logged	Supply Count (if applicable)	Renewal Period (if applicable)	New Dose (if applicable)	Next Date (if applicable)
		Started / Stopped / Changed Dose / Recurring Day / Supply Count	refills remaining of	days		
		Started / Stopped / Changed Dose / Recurring Day / Supply Count	refills remaining of	days		
		Started / Stopped / Changed Dose / Recurring Day / Supply Count	refills remaining of	days		
		Started / Stopped / Changed Dose / Recurring Day / Supply Count	refills remaining of	days		
		Started / Stopped / Changed Dose / Recurring Day / Supply Count	refills remaining of	days		
		Started / Stopped / Changed Dose / Recurring Day / Supply Count	refills remaining of	days		
		Started / Stopped / Changed Dose / Recurring Day / Supply Count	refills remaining of	days		
		Started / Stopped / Changed Dose / Recurring Day / Supply Count	refills remaining of	days		

🧙 My Other Resources

This section may be helpful for you to list resources available to you in your community or online, along with some basic information about what they offer.

Resource Name	Type	Contact	Website	Address	Notes
Scarleteen	Queer-led sex, health, and relationships education		www.scarleteen.com		