

## Personalized Health Plan

Planning ahead is a great way to take control of your health! Completing this form will help you know exactly what to do in case you need health care because you think you might have COVID-19 or were exposed to someone who does.

The only way to know for sure if you have COVID-19 is to be tested. You may want to complete and/or share this plan with people in your home.

**My insurance provider:** \_\_\_\_\_

**Insurance provider phone number:** \_\_\_\_\_ (Tip: Store this in your cell phone)

**Website:** \_\_\_\_\_

(Tip: Visit your insurance provider's website. They might have specific info about COVID-19 testing and care. You can also use it to fill in the info below).

**Nearest COVID-19 testing location:** \_\_\_\_\_

(Tip: See your county's health department website or the GA testing site list for free testing - <https://dph.georgia.gov/locations/covid-19-testing-site>)

**In-network doctor (lowest cost to you) close to home** (Google Maps: <https://www.google.com/maps>)

Name and phone: \_\_\_\_\_

**Pharmacy close to my home**

Name and phone: \_\_\_\_\_

**In-network doctor (lowest cost to you) close to ASC**

Name and phone: \_\_\_\_\_

**Pharmacy close to ASC**

Name and phone: \_\_\_\_\_

**How will you get to the doctor or pharmacy if you have to go?**

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### What to do if you get sick

Think about everything you will need while you get well. Consider what, who, when, where, and how. What supplies will you need (e.g., face mask, tissues, thermometer, hand soap, cleaning products)? Where can you stay (a room or area in your home where you can be 6-ft away from others) for 10-14 days? Who can bring you food and medicine and how can they give it to you safely? Who can help with childcare? How will you be mentally healthy (e.g., entertain yourself, stay connected)? How much money should you try to save, if you can, to make it a little easier to buy things you need to get better?

Write your plan on the back of this sheet. These CDC resources can help you plan:

[What to do if you are sick](#), [Caring for someone sick at home](#), [Staying safe living in the same home](#), [COVID-19 Symptoms](#), [COVID-19 Symptom Checker Tool](#)

## **My Wellness Plan**

**If I am sick and need to isolate myself to protect the people I live with, I will...**