

# RELAPSE ACTION PLAN

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Fill out the information below and share your completed form with someone you trust. This person can reach out to your contacts if you need help during a relapse. He/she can also provide important information about your medications to your healthcare provider. Keep a copy on-hand for emergencies.

## CONTACTS

List contact information for your healthcare team, friends, family, or colleagues who can provide support during a relapse.

Name	Relationship	Address	Phone	Notes
John Doe, MD	Neurologist	123 Street Anytown, State USA	555-555-5555	Discuss last relapse treatment experience
Katy Doe	Babysitter	123 Street Anytown, State USA	555-555-5555	Knows the kids' routines and is available most afternoons

**Unsure if it's a relapse?** Go to [RethinkMSRelapses.com](http://RethinkMSRelapses.com) and click on "Understand MS Relapses" and "What is an MS relapse?" to learn more. And when in doubt, always talk to a healthcare provider.

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## MEDICATIONS

List current medications you are taking, including the dosage, frequency, and prescribing healthcare provider.

Medication	Dosage	Frequency	Prescriber	Notes
<i>Drug name</i>	<i>0 mg</i>	<i>Once daily</i>	<i>John Doe, MD</i>	<i>Began taking December 2012</i>

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