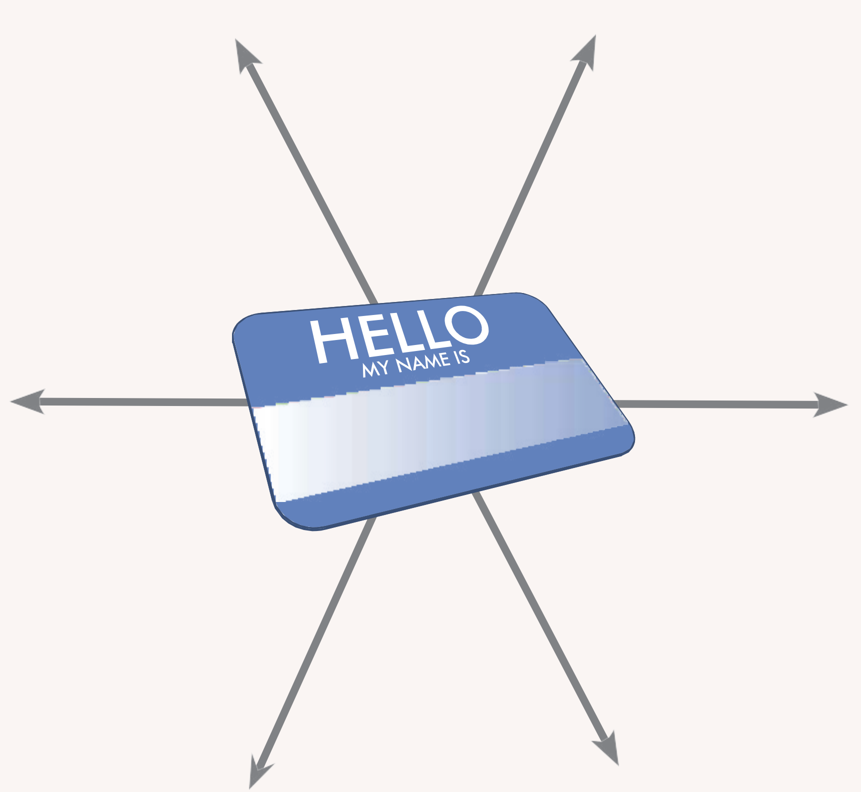
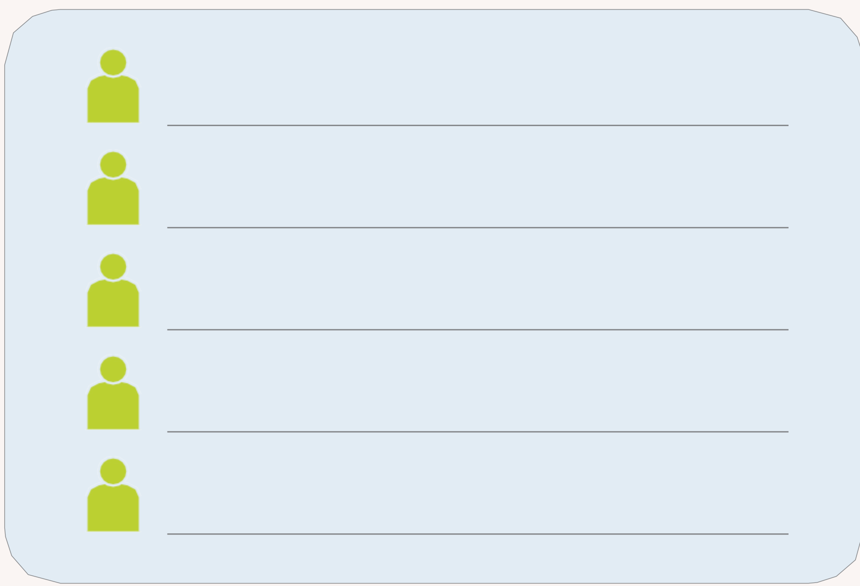
My Support Network

Family	Friends	Medical Providers	Social Services	Community Services





My Support Network

People I've told about my HIV

Name	Reason for disclosure	Results

People I would like to tell about my HIV

	Pros	Cons

Talking to Others

How do I talk about my illness?	How do people in my community talk about this illness?

CUT HERE

FOLD HERE

How to talk about my illness with someone I care about

Contact Information

Relationship	Name	Phone Number	Address
Primary Care Providers			
Other Care Providers			
Community Support Services			
Other Supporters			

Personal Contacts

Name	Relationship	Phone Number	Address

Emergency Contact

Name	Phone Number

Wallet Cards

EMERGENCY CONTACT

Name

Phone Number:

FOLD

Important Contact Information

Name: ______________ Relationship: ______________
Phone: ______________
Address: ______________

Name: ______________ Relationship: ______________
Phone: ______________
Address: ______________

Name: ______________ Relationship: ______________
Phone: ______________
Address: ______________

PHARMACY PLAN

Pharmacy: ______________ Pharmacy Phone: ______________

Pharmacy Address: ______________

Pharmacy Contact: ______________

Doctor's Office (for refills): ______________

Drug Allergies ______________

FOLD

Insurance Plan ______________
Member ID/Group # ______________
Address ______________
Phone Number ______________

Insurance Plan ______________
Member ID/Group # ______________
Address ______________
Phone Number ______________

Insurance Plan ______________
Member ID/Group # ______________
Address ______________
Phone Number ______________