Your Name

A snapshot of my medical conditions and care needs.

DOB: xx/xx/xxxx

NHS Number: xxx-xxx-xxxx

**My care needs and preferences:**

**My medical conditions and how they affect me:**

**My Important Contacts**

**My Medical Team**

**Diagnoses and medical history**

**Medications**

DOB: xx/xx/xxxx

A snapshot of my medical conditions and care needs.

NHS Number: xxx-xxx-xxxx

Your Name