

Your Name

NHS Number: xxx-xxx-xxxx DOB: xx/xx/xxxx

A snapshot of my medical conditions and care needs.

My medical conditions and how they affect me:

Some things to include are:

The name of your conditions and how they affect you.

A description of your mobility and movement.

What to do in common medical scenarios you may face.

A few examples:

I have been a type 1 diabetic since 2006 and use a CCG monitor and insulin pump.

I have Cerebral Palsy which affects my mobility. I can walk short distances with support but normally use a powered wheelchair to move around.

I have Mast Cell Activation Syndrome and am prone to allergic reactions, which can become anaphylactic. If this happens, I carry an epi-pen with me. My common triggers are cleaning products, pollen, and nuts.

My care needs and preferences:

Some things you could include are:

- *How you can support me to move.*
- *How I prefer to wash and use the toilet.*
- *How to communicate with me.*
- *Who I would like with me.*

A few examples:

I have a team of personal assistants/ a support team at home and would prefer that they could support my personal care whilst I'm in hospital.

I need to use a hoist to move from my bed to my wheelchair.

I am deaf and need a BSL interpreter to support me to communicate. I would prefer this to be a family member or friend. I can also lip-read.

Please make sure my wheelchair is always at the left-hand side of my bed. This enables me to transfer independently and use the bathroom on my own.

I have a learning disability and I need some extra time to have things explained. When telling me medical information I would like my carer to be present, either in-person or over the phone.

Your Name

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A snapshot of my medical conditions and care needs.

Diagnoses and medical history	Medications
<p><i>A list of diagnoses when you were diagnosed and any relevant medical procedures you've had.</i></p> <p><i>For example:</i></p> <p><i>Multiple Sclerosis (Diagnosed April 2011)</i></p> <p><i>Depression (Diagnosed July 2020)</i></p> <p><i>Full knee replacement (September 2017)</i></p> <p><i>Ileostomy (January 2001)</i></p>	<p><i>List your regular medications, the dosage you take and how often you take them.</i></p> <p><i>For example:</i></p> <p><i>Sertraline (50mg x once daily)</i></p> <p><i>Montelukast (4mg chewable x once daily)</i></p> <p><i>Domperidone (10mg x thrice daily)</i></p> <p><i>Salbutamol Inhaler (When needed)</i></p>

My Medical Team

List details of your GP and any other doctors/professionals who are important in your care.

For example:

GP- Dr Jones

Lodge Park Surgery, New Town, SY7 7ED
01783 555432

Dietician – Julie Hobbs

Crowner Hospital, 01783 720387

Cardiologist- Dr Palmer

Crowner Hospital, 01783 627192

Social Worker – Dave Miller

Newborne Council, dave@newbornecouncil.gov.uk

Rheumatologist – Prof. Halden

Bridgehill Hospital, 08329 782917

My Important Contacts

List the details of your next of kin, or anyone you wish to be informed if you are in hospital

For example:

My Next of Kin is my wife, Jane King. Her number is: 07763728192

I give my permission to share any medical information with her, and for her to speak on my behalf if I am unable to speak for myself.