|  |  |  |  |
| --- | --- | --- | --- |
| Medication (1) | | Medication (7) | |
| For which condition | | For which condition | |
| Dosage | Frequency of dose | Dosage | Frequency of dose |
| Medication (2) |  | Medication (8) | |
| For which condition |  | For which condition | |
| Dosage | Frequency of dose | Dosage | Frequency of dose |
| Fold | | | |
| Medication (3) | | Medication (9) | |
| For which condition |  | For which condition | |
| Dosage | Frequency of dose | Dosage | Frequency of dose |
| Medication (4) | | Medication (10) | |
| For which condition |  | For which condition | |
| Dosage | Frequency of dose | Dosage | Frequency of dose |
| Fold | | | |
| Medication (5) | | Any additional information: | |
| For which condition | |
| Dosage | Frequency of dose |
| Medication (6) | |
| For which condition | |
| Dosage | Frequency of dose |
| Fold | | | |
| Pet Home Alone If I become hurt or injured, I have an animal/animals at home that require care in my absence | | Any additional information:  Date completed: / / Date updated: / /  Date updated: / / Date updated: / /  Date updated: / / Date updated: / / | |
|  | |
| Please contact this person to arrange care for my pet/pets | |
| First name | Phone number |
|  |  |
|  |  |
| Fold | | | |
| Adding ICE (In Case of Emergency) to Icey-Transparent (1)your mobile phone allows paramedics on the scene to identify you, treat you and be able to contact your next of kin immediately.  \*This form has been designed by patients | | NHS111 email signature  **If you are worried or think a medical situation is life-threatening or an emergency, don’t hesitate to call 999.** | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **My Personal Health Record** | | | | | GP Name |  | | |
| Address line 1 |  | | |
| line 2 |  | | |
| line 3 |  | Postcode |  | |
| Phone |  | | |
| NHS Organ Donation register – Yes / No | | | |
| Willingness to have a blood transfusion – Yes / No | | | |
| Title |  | Surname |  | | Religion |  | | |
| Forename/ forenames | |  | | | First language |  | | |
| Dob | |  | NHS number |  | Other languages |  | | |
| Address line 1 | |  | | | Current medical conditions | | | |
| line 2 | |  | | |  | | | |
| line 3 | |  | Postcode |  |  | | | |
| Email | |  | | |  | | | |
| Home phone | |  | | | Recent operations | | | |
| Work phone | |  | | |  | | | |
| Mobile | |  | | |  | | | |
| Hospital number | |  | | | Past medical history | | | |
| (Hospital) | |  | | |  | | | |
| Hospital number | |  | | |  | | | |
| (Hospital) | |  | | |  | | | |
| Emergency Contact (1) | | | Relationship |  | Special Warnings | | | |
| Title |  | Surname |  |  | Medication / Condition | | Special precautions | |
| Forename | |  | | | Warfarin, Steroids. Diabetic, Asthmatic, Epileptic, Osteoporotic, Other  (circle any that apply) | |  | |
| Address line 1 | |  | | | Allergies including drug allergies, food intolerances, latex etc. | |  | |
| line 2 | |  | | | Mobility level – Independent with no aids or assistance, unsteady, walks with aids, wheelchair user, chair bound, bed fast, needs mechanical assistance (e.g. hoisting), other  (circle any that apply) | | | |
| line 3 | |  | Postcode |  |
| Phone number | |  | | |
| Emergency Contact (2) | | | Relationship |  | Registered disabled  Yes / No | | | |
| Title |  | Surname |  | |
| Forename | |  | | | Registered blind  Yes / No | | | |
| Address line 1 | |  | | |
| line 2 | |  | | | Sensory impairments: i.e. hearing(hearing aids), sight (spectacles or contact lenses) | | | |
| line 3 | |  | | |
| Phone number | |  | | | Speech or language impairment | | | |