|  |  |
| --- | --- |
| 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 AloneIf 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 blindYes / 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 |