

MEDICAL INFO



Name:

Date of Birth:

Patient ref:

Date Last Updated:

ABOUT ME

Usual Address



Next of Kin

Name:

Relationship to me:



THINGS YOU NEED TO KNOW

(Things I might need assistance with, or have difficulty doing)

I have prepared an advanced directive

Yes /No

I have signed a DNA-CPR form

Yes /No

And these are kept in the below location:

MEDICAL INFORMATION

I suffer from the following condition/s	My Medication	Strength & Dose

(Please continue overleaf if required)

Allergies & Medication reactions you need to know about

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Usual Doctor *(plus postal address if known)*



Consultants and Specialists



Other Key Contacts
(e.g. pharmacist, social worker)



PREVIOUS HOSPITAL ADMISSIONS

Date	Location and details

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In Memory of Sue Donald 1952-2013



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