

# MEDICAL INFO



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**Name:**

**Date of Birth:**

**Patient ref:**

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*Date Last Updated:*

## ABOUT ME

**Usual Address**



**Next of Kin**

Name:	Relationship to me:	
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## THINGS YOU NEED TO KNOW

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

I have prepared an advanced directive	Yes / No
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I have signed a DNA-CPR form	Yes / No
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And these are kept in the below location:

## MEDICAL INFORMATION

**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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