Further Key Details

Detail name and address of present or previous employer

Employment details / Previous employment

Previous key address(es)

Details of previous address(es)

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Detail any habits and / or hobbies that you regularly enjoy

Pets

Do you have any pets at home, and it so, what kind?

Mobile phone

compreted by sew mot sidT

Where is it located?

Advanced Care and Treatment Plan

Do you have a mobile phone? If YES, please enter the number

Detail any places of interest that you visit often or have visited in the past Places of interest

Please remember to ...

- 1. Ensure the form is completed, dated and signed.
- 2. A separate form must be completed for each person in the household who lives with an
- 3. Place the bottle in your fridge, in a door compartment, where it will be safe and quickly illness or allergy: ask for extra forms when you receive your pack.
- 4. Place the green cross sticker on the outside of the fridge door. .bnuot
- door lock if possible. 5. Stick the other label on the inside of your front door at eye level and in line with your
- 6. Ensure that your current prescription is with your medication.
- Keep medication in a box.

required by the emergency services? Are there any other details that may be

Special instructions concerning your medication
Special medical aids

Communication difficulties
Alearing or visual problems

Emergency Services/Hospital staff. Please list it here and where it is kept: If you have a personal information folder, it contains important information that will help

əmsN Date JULI bangi2 responsibility to ensure that ALL the information on this form is kept up to date. It he information is correct to the best of my knowledge and I accept that it is my completed by you) fon ti) qinanoitslaß

Emergency Treatment & Escalation Plan

On Not Resuscitate Info

The Herbert Protocol

(nsl9 noitoA dtlsaH)

РКОТОСОL НЕКВЕRТ 3111

HAP Care Plan

The bottle found in the fridge Lions Message in a Bottle

What do you have to do?

A separate form must be filled in for each person in the Date and sign the form before placing it in the bottle. Complete the form overleaf in ballpoint pen using BLOCK CAPITALS.

you receive your pack. household who has an illness or allergy; ask for extra forms when

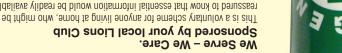
Supported by

NHS Primary Care Trusts. Ambulance, Police, Fire & Rescue Services, Emergency Doctors,

Disclaimer Lions Clubs International MD 105 do not accept any responsibility for the details inserted on this form or for any additional paperwork included in the bottle.





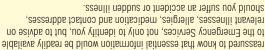


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When time is saved, lives are saved

.jn9ijsq by short cutting time-consuming fact-finding enquiries about the details of a patient, they can then render safer and speedier First Aid When Emergency Services see medical information and personal



Personal details

NHS No.	Date of Birth Age
Surname	Gender
First Name(s)	
Postcode	Preferred Language

Do you have a Medic Alert pendant or bracelet?

Member	No

Diagnosis/Conditions I have

Your medication

Where do you keep your medication?

Illness

Detail any illness or drug therapy that might affect emergency treatment

Allergic reaction to medication

Detail any allergic reaction to medication you take

Allergies

Detail any allergies you have

Do you take medicine for?

Asthma	Dementia	Heart Problem	
Diabetes	Parkinson's	Anti-Coagulant	
Epilepsy	Motor-Neurone (MN)	Multiple Sclerosis (MS)	
Other	l have communication problems	l need hearing aids	

Your Doctor's details

Name of G	P
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Practice Address

Tel No.

Your Carer/Your Carer's Agency details

Name		
Organi	sation Address	
	Tel/Mobile N	0.
		Name Organisation Address Tel/Mobile N

Emergency contact 1

Photograph	Emergency contact 1		
	Name Relationship Contact Address		
Important	Contact Tel No.		
Place a recent photograph here	Emergency contact 2		
	Name Relationship		
	Contact Address		
	Contact Tel No.		