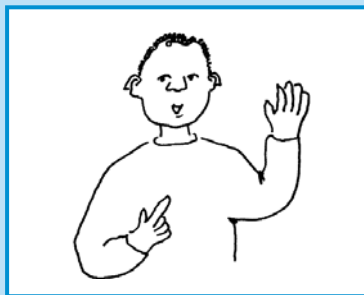


Health Information Card

Show this card when you arrive at the hospital.

This card tells you health information about me.
Please read it before you help me with my care or treatment.

No one can consent for me

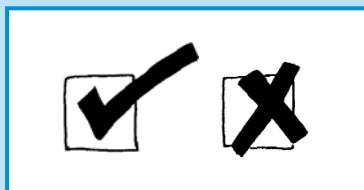


My name is:

I like to be called:

My date of birth is:

I may need help and time to say
Yes or No





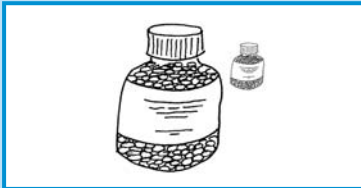
My GPs name is:



Address:



Telephone:



I take these medicines:

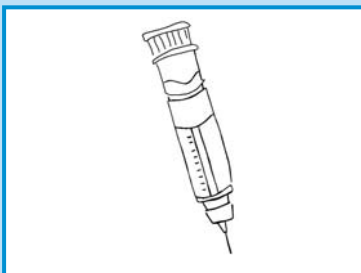


I am allergic to:

Have I ever had anaesthetic?

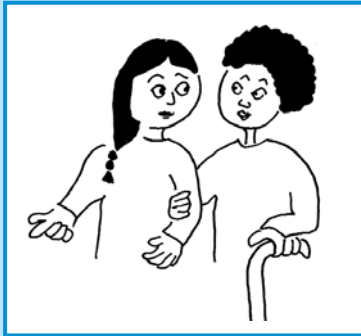
Yes/No

If yes, did I have any bad reactions?





I communicate by:



I need help and support with:



If I get upset or distressed, you can help me by:

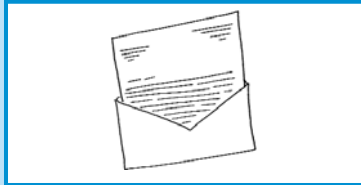


My eating and drinking needs are:



Who to contact?

Next of Kin:



Address:



Telephone:



If you need to talk to someone who knows me really, please contact:

Name:

Their relationship to me is:



Telephone:



Date this card was completed:

____ / ____ / 20____

Updated on:

____ / ____ / 20____