	Data Protection with relevant Permission to share information with relevant YES Permission to share information with relevant NO Permission to share information with relevant YES Permission to share information with relevant YES Permission to share information NO Permission to share informat
Detail any places of interest that you visit of the not have visited in the past f	
Places of interest	
	Do you have a mobile phone? If YES, please enter the number
Employment details / Previous employment Detail name and address of present or previous employer	Pets Do you have any pets at home, and if so, what kind?
Previous key address(es) Details of previous address(es)	SelidoH \ ZhidsH Detail any habits and / or hobbies that you regularly enjoy
(ເຍເດນດ່ວ) ຣແຍເອດ (ອນ ເອເນເກ	

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... of header temember 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 tridge, in a door compartment, where it will be safe and quickly illness or allergy: ask for extra forms when you receive your pack.
- .bnuot
- 5. Stick the other label on the inside of your front door at eye level and in line with your 4. Place the green cross sticker on the outside of the tridge door.
- door lock if possible.
- 7. Keep medication in a box. 6. Ensure that your current prescription is with your medication.

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

 \bullet Special instructions concerning your medication \bullet Special medical aids \bullet Communication difficulties \bullet Religion \bullet Heating 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

.inslight.

The bottle found in the fridge Lions Message in a Bottle

ambN

Juli

bengi2

completed by you)

felationship (if not

Where is it located?

Advanced Care and Treatment Plan

completed by This form was

What do you have to do?

responsibility to ensure that ALL the information on this form is kept up to date.

In the information is correct to the best of my knowledge and I accept that it is my

Date and sign the form before placing it in the bottle. Complete the form overleaf in ballpoint pen using BLOCK CAPITALS.

916U

On Not Resuscitate Info

The Herbert Protocol

(nsl9 noitoA dtlseH)

HAP Care Plan

Emergency ireatment & Escalation Plan

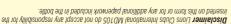
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household who has an illness or allergy, ask for extra forms when A separate form must be filled in for each person in the

you receive your pack.

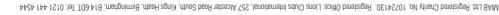
NHS Primary Care Trusts. Ambulance, Police, Fire & Rescue Services, Emergency Doctors, Supported by

Disclaimer Lions Clubs International MD105 do not accept any responsibility for the details inserted on this form or for any additional paperwork included in the bottle.









bnuo? & stad



by short cutting time-consuming fact-finding enquiries about the

When Emergency Services see medical information and personal

relevant illnesses, allergies, medication and contact addresses,

to the Emergency Services, not only to identify you, but to advise on

This is a voluntary scheme for anyone living at home, who might be reassured to know that essential information would be readily available

When time is saved, lives are saved

Sponsored by your local Lions Club

should you suffer an accident or sudden illness.

We Serve – We Care.

details of a patient, they can then render safer and speedier First Aid





Personal details

reisona			
NHS No.	Date of Birth	Age	Illness Detail any illness or drug therapy that might affect emergency treatment
Surname		Gender	
First Name(s)			
Postcode Preferred Language			Allergic reaction to medication Detail any allergic reaction to medication you take
Do you have a Medic Alert pendant or bracelet?			
Member No.			
Diagnosis/Conditions I have			Allergies Detail any allergies you have
Do you take	medicine for?		Your Doctor's details
Asthma	Dementia	Heart Problem	Name of GP
Diabetes	Parkinson's	Anti-Coagulant	Practice Address
Epilepsy	Motor-Neurone (MN)	Multiple Sclerosis (MS)	
Other	l have communication problems	l need hearing aids	Tel No.
Your medica Where do you keep			Your Carer/Your Carer's Agency details
Room			Name
Location			Organisation Address
Important - Always keep your repeat prescription with your medication. Keep your medication in a box.			Tel/Mobile No.
Photog	raph		Emergency contact 1
			Name Relationship
			Contact Address
Important Place a recent photograph here			Contact Tel No.
			Emergency contact 2
			Name Relationship
			Contact Address

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Contact Tel No.