**Essential Information for Emergency Teams**

**Latest Update: ….……/……….…/………….**

**Name:**

**Preferred Name if different:**

**Address:**

**Date of Birth:**

**Doctor & Practice:**

**NHS Number:**

**Blood Group:**

**Important extra Information:**

* My blood pressure is usually

 **LOW / NORMAL / HIGH / DON’T KNOW**

* Allergies – **YES / NO**
* Diabetic - **YES / NO**
* Epileptic – **YES / NO**
* Smoker - **YES / NO**
* Wear glasses – **YES / NO**
* Wear dentures - **YES / NO**
* Wear a hearing aid -  **YES / NO**
* I normally walk **Unassisted / other…**

**Medication + last prescription + where kept**

*(Please update whenever there is a change)*

**People to Contact / Next of Kin + phone:**

**Whilst in hospital, this is the person who will shut up and look after the house and/or look after the pets:**

**History of any medical condition …../…../…….**

*(Please date the information now and add the date next to any future amendments)*

**Any medical notes or a care plan folder?**   **YES / NO**  (If YES – where can we find details?)

**Recently been to hospital?**     **YES / NO**     (If YES – where can we find details?)