**Medical story**

Having some key notes about the patient’s medical story already written down to share with healthcare staff in emergencies can be useful. You could use the prompts below to help you and the patient prepare this together – the patient’s healthcare team may also help you prepare this. This may help you and the patient clearly communicate important information to other health care staff during emergencies.

You don’t have to use this sheet – it is just here if you and the patient think it might be useful to help carers and patients communicate with medical staff. The Supporting Someone with Breathlessness website will not be able to see or keep any information you put on here.

Whoever fills in this sheet must get permission from the patient (and carer) to fill it in on their behalf and to share the information with healthcare staff.

**The patient’s information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of making these notes:** | | | | | | | | | | | | | |
| **Patient’s name:** | | | | | | | | | | | | | |
| **NHS number (if known):** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date of birth:** | | | | | | | | | | | | | |
| **Patient’s contact details (address and phone number):** | | | | | | | | | | | | | |
| **Health problems** *(list current conditions and health problems, not just those causing breathlessness, and dates if known – the patient’s healthcare team may be able to help with this)*: | | | | | | | | | | | | | |
| **Current medications:**  *(The patient may be able to ask their GP for a printed list of these. Try to keep this medication list up to date)* | | | | | | | | | | | | | |
| **Any other current treatments:** | | | | | | | | | | | | | |
| **Any allergies:** | | | | | | | | | | | | | |
| **Name of patient’s GP:** | | | | | | | | | | | | | |
| **Contact details of patient’s GP** (name of surgery, address and phone number): | | | | | | | | | | | | | |
| **Any other information about the patient’s health:** | | | | | | | | | | | | | |

**Information about the person who provides most support to the patient**

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| --- |
| **Carer’s name:** |
| **Carer’s relationship to patient** *(e.g. partner, relative, neighbour, other)*: |
| **Carer’s contact details including cell phone number** *(if different from patient)***:** |

Last reviewed: 08/05/2020