

CARE TRANSFER DOCUMENT

PERSONAL RECORD

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Other relevant documents:

Name

Date of Birth

Address

This document is a patient-held record and provides a place to record a brief summary of your care needs to help care providers understand your needs.

This document was developed by Route 66 in collaboration with the UK Transition Taskforce led by Together for Short Lives. Copies of the document can be downloaded from the Together for Short Lives website at www.togetherforshortlives.org.uk/caretransferdocument

1. About me

My name is:

The name I prefer to be known by is:

I currently live with:

Other people who are important to me are:

I also spend time at (eg, school, college, work, day care):

In case of emergency please contact:

Who should people talk to about me and my condition?

- Me
- My family
- Other

I need someone with me at the following times:

My hobbies and interests (incl favourite music):

I like to relax by:

My condition and how it affects me:

Things which may worry or upset me:

What makes my symptoms worse?

What makes my symptoms better?

2. ESSENTIAL CLINICAL INFORMATION

I have difficulties with (verbal communication, hearing, eyesight):

How I communicate:

How I move around (inc. equipment and what needs to be transferred):

Physiotherapy routine (inc. splints, stretches, positioning):

Breathing (inc. cough assist? Non-invasive ventilation? Postural drainage/percussions?):

Sleep (inc. positioning, mattress, equipment):

Eating and drinking (inc. method and likes & dislikes):

Personal care (inc. washing, dressing, toileting):

Allergies or adverse reactions:

In case of serious health deterioration, please note that I have an Emergency Care Plan and it is kept with:

3. DAY AND NIGHT ROUTINES

Daytime Routine (including medication)

06:00

07:00

08:00

09:00

10:00

11:00

12:00

13:00

14:00

15:00

16:00

17:00

Night time routine

18:00

19:00

20:00

21:00

22:00

23:00

24:00

01:00

02:00

03:00

04:00

05:00

4. CONTACT INFORMATION

If I'm unwell, you might want to contact the following health and/or social care professionals:

Name:

Job Title:

Contact Details:

Name:

Job Title:

Contact Details:

Name:

Job Title:

Contact Details:

Name:

Job Title:

Contact Details:

Name:

Job Title:

Contact Details:

Name:

Job Title:

Contact Details:

Name:

Job Title:

Contact Details:

Name:

Job Title:

Contact Details:

5. Notes Pages

