



Insert your
logo here

What you need to know about my condition

Although I am in hospital for [... *insert* ...], I also have [... *insert condition* ...], the symptoms of which vary from person to person and are different from one time to another. To help me cope while I am in your care, you need to know the following information.

Full Name

The name I like to be called by

Address
.....

Telephone

In an emergency/for more information contact

Telephone

GP name

Surgery telephone

Specialist nurse/neurologist

Telephone

Essential information

Eg symptoms which may arise which require urgent attention and what to do in these circumstances, religious/cultural needs, existence of an advance directive

**Please remember that my condition varies over time -
ask me what my needs are now**

Eating and drinking

I eat and drink independently yes no

I need the following help when eating or drinking

.....

I have the following dietary needs / food allergies

.....

Communication

My condition does does not affect my **intellect**

I have no some considerable difficulty in **hearing**

I have no some considerable difficulty in **understanding**

I have no some considerable difficulty **communicating**

I have no some considerable difficulty **recalling information**

How you can help when talking to me or when I am trying to tell you something

.....

Mobility

My mobility is is not affected by my condition

I experience muscle weakness muscle stiffness tremor
which affects my:

Upper limbs sometimes often constantly

Lower limbs sometimes often constantly

Torso sometimes often constantly

Head / neck sometimes often constantly

Hands / feet sometimes often constantly

I can walk unaided with assistance

I can stand unaided with assistance

Before I am discharged you need to plan

.....
.....
.....

Other useful contacts (eg social worker, voluntary organisation)

Name	Role	Telephone
.....
.....
.....

More about [condition]

Use this box as you wish, for example, to give some general information about the condition to help those who might not be familiar with it, or to highlight a particularly important piece of information about the needs of people who live with the condition, or about your organisation.

Thank you for helping to make my stay as comfortable as possible

Signed

Patient (and specialist nurse if desired)

Dated

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