**My Personal Summary Information Record**

(Who I am, information about me and who/what is important to me)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| My Surname |  | | Phone  Landline |  |
| My First Name |  | | Phone  Mobile |  |
| Address |  | | DOB |  |
| Gender |  |
| Post Code |  | Email |  | |
| Distinguishing Features |  | | Religion  or Faith |  |
| Allergies |  | | Ethnicity |  |
| Long Term Condition |  | | Pets |  |
| Person completing  the record |  | | Date form completed |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **My next of kin and/or main contacts to call in case of emergency/illness/accident** | | | |
| **1st P**erson | | **2nd Person** | |
| Name |  | Name |  |
| Relationship |  | Relationship |  |
| Tel Home |  | Tel Home |  |
| Tel Work |  | Tel Work |  |
| Tel Mobile |  | Tel Mobile |  |
| Email |  | Email |  |
| **Person I live with / I live alone** | | **Person I care for / support** | |
| Name |  | Name |  |
| Relationship |  | Relationship |  |
| Telephone |  | Telephone |  |
| Mobile |  | Mobile |  |
| Email |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| GP  Name |  | GP Tel Number |  |
| GP  Practice Address |  | GP  Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| NHS  Number |  | NI  Number |  |
| Social Service Number |  | Hospital Name & Ref. No. |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Information and other notes or choices important to me** | |
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