**My Personal Summary Information Record**

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

|  |  |  |  |
| --- | --- | --- | --- |
| My Surname |  | PhoneLandline |  |
| My First Name |  | PhoneMobile |  |
| Address |  | DOB |  |
| Gender |  |
| Post Code |  | Email |  |
| Distinguishing Features |  | Religionor Faith |  |
| Allergies |  | Ethnicity |  |
| Long Term Condition |  | Pets |  |
| Person completingthe record |  | Date form completed |  |

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| --- |
| **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. |  |
|  |  |  |  |

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