**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 / 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 including contingency planning** | |
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|  |  |
| Notes to assist with completion  ‘My Personal Information Summary’ should include basic information *‘about me that I need to remember and other people may need to know’*. It can be carried in a wallet or handbag, put in ‘Message in a Bottle’, kept on a PC, at the front of a paper folder and/or shared with your GP or others who may know you and/or support you.  Use the form to record information about you. Use the information notes to record arrangement you have made, who can help you and any plans you have made for support including contingency planning. Please use a separate form for each individual. Find more information on www.sayitonce.info. | |