



About me

This page was updated by

Date (dd/mm/yy)

Name

has been diagnosed with

.....

.....

My home address

.....

My date of birth is (dd/mm/yy)

My NHS number is

My hospital number is

The hospital I go to is

.....

My contact at the hospital is

Telephone

I have these allergies

I have these other conditions

.....

.....

My emergency contact is (this may be a family member, friend or carer)

.....

.....

Their telephone

Other important information

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