

Capital Building, Hilltop Heights, London Road, Carlisle, CA1 2NS Tel: 01228 608200, Fax: 01228 402803, Email: office@choc.nhs.uk

## SPECIAL PATIENT FORM – please type this where possible Please note ALL sections are MANDATORY

## **ALL FIELDS MUST BE COMPLETED**

PATIENT'S NAME:					
PATIENT'S ADDRESS:					
PATIENT'S DATE OF BIRTH:					
PATIENT'S NHS Number:					
PATIENT'S DOCTOR:					
PATIENT'S SURGERY:					
REVIEW DATE (Please state time frame between 6 weeks and 12 months):	<u>Weeks</u>	or	<u>Months</u>		
DETAILS OF PATIENT: (Note to be entered)					
POSSIBLE SAFEGUARDING CONCERNS: (If applicable, if not please enter N/A)					

Additional information:	
Exact diagnosis:	
Patient Preferred Place of Care:	
FURTHER DETAILS OF PATIENT:	
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Drug Allergies:	
brug Anergies.	
Significant Active and Significant Past Problems:	
Repeat Medication:	
CONFIDENTIALITY STATEMENT TO BE SIGNED BY THE PATIENTS GP	•
I request that the above notes should be added to the ADASTRA database for the purpose	of
providing care to my patient. In accordance with Caldicott Recommendations 1997 and the	
Standards of Practice and Confidentiality good practice, patient consent should be obtained	to
share information with other agencies and the following statement applies: (PLEASE TICK APPROPRIATE BOX)	
The patient or their carer have agreed to the sharing of this information with CHOC, 111, District Nurses	
TTT, DISUICUNGISES	
The information is shared in the interest of the patient where serious harm may result in	
not sharing the information	
There is a risk of danger to persons dealing with this patient or to the public	
Signed (Doctor's Signature):	
Doctor's Name (Please print if handwritten):	
Date:	

<u>Guidance Notes</u>: This form is for use for patients such as palliative care, unstable asthma/diabetes, violent patients, problem drug users, severe illness/severe mental illness, e.g. special social circumstances, disabled dependant, etc.

The Data Protection Act, 1988 is about safeguarding the fundamental rights of an individual. Rights of access to personal data are central to the Act.