## Personal Information Sheet

Date Completed

. . . . . . . . . .

**My name** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

My Address

 Post Code

 Home Phone number

 Mobile Phone number

 My Date of Birth

**My Next-Of-Kin** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Relationship to me

Their phone number (mobile better)

**My Neighbour or friend** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Their Address

Their phone number (mobile better)

**I take the following medication:**

Have you given this person your house key Yes / No

**My GP’ name** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

My GP’s address

My GP’s phone number

I take regular medication (see box) Yes / No

**Important Questions**

Have you discussed you care & plans with your next of kin? Yes / No

Have you written an advance care plan or DNR? Yes / No

If so where is it

Have you written a Will? Yes / No

Do you have a pet Yes / No

 If so what kind of pet

… and what is your pets name

… and who is your vet

**Please sign this information sheet**  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

(or indicate who you are if you

have signed this on this persons behalf)