

SPECIAL PATIENT INFORMATION

Fax to: 0151 230 5555 (Caldicott Safe Haven)

Urgent Care 24

Use this form to provide information to Urgent Care 24 of any patients that require specific management when your surgery is closed. Consider including patients who are Palliative Care / terminally ill / expected deaths / identified as 'High Risk' / identified as 'At Risk' (e.g. Children Identified as at risk or Vulnerable Adults) / drug dependant / potentially violent / psychiatric conditions etc.

Patient Name

Tel.....DOB.....

Address Postcode

Current Problems/Diagnosis

Is patient aware of diagnosis? YES / NO

Has patient expressed a preference about further care? HOME / HOSPITAL / HOSPICE etc

Is patient/family/carer aware of this notification? YES / NO

Expected Deaths:

Is this patient an Expected Death : Yes / No

When was the patient last seen by their own GP

Please confirm whether you are able to issue the death certificate on the next working day Y / N

Do you wish to provide a contact number for yourself for this patient only? IF YES:

Significant PMH (consider attaching computer summary)

Medication (consider attaching computer summary)

When would you like this message to expire?

Practice Stamp:

Own GP Name (print)

Signed Date