

Further Key Details

Previous key address(es)
 (Details of previous address(es))

Employment details / Previous employment
 Detail name and address of present or previous employer

Places of interest
 Detail any places of interest that you visit often or have visited in the past

Please remember to ...

1. Ensure the form is completed, dated and signed.
2. A separate form must be completed for each person in the household who lives with an illness or allergy: ask for extra forms when you receive your pack.
3. Place the bottle in your fridge, **in a door compartment**, where it will be safe and quickly found.
4. Place the green cross sticker on the outside of the fridge door.
5. Stick the other label on the **inside of your front door** at eye level and in line with your door lock if possible.
6. Ensure that your current prescription is with your medication.
7. Keep medication in a box.

Are there any other details that may be required by the emergency services?

- Special instructions concerning your medication
- Special medical aids
- Communication difficulties
- Religion
- Hearing or visual problems

If you have a personal information folder, it contains important information that will help Emergency Services/Hospital staff. Please list it here and where it is kept:



Lions Message in a Bottle

The bottle found in the fridge

We Serve – We Care.

Sponsored by your local Lions Club

This is a voluntary scheme for anyone living at home, who might be reassured to know that essential information would be readily available to the Emergency Services, not only to identify you, but to advise on relevant illnesses, allergies, medication and contact addresses, should you suffer an accident or sudden illness.

When time is saved, lives are saved

When Emergency Services see medical information and personal details of a patient, they can then render safer and speedier First Aid by short cutting time-consuming fact-finding enquiries about the patient.

What do you have to do?

Complete the form overleaf in ballpoint pen using BLOCK CAPITALS.

Date and sign the form before placing it in the bottle.

A separate form must be filled in for each person in the household who has an illness or allergy: ask for extra forms when you receive your pack.

Supported by

Ambulance, Police, Fire & Rescue Services, Emergency Doctors, NHS Primary Care Trusts.

Disclaimer Lions Clubs International MD105 do not accept any responsibility for the details inserted on this form or for any additional paperwork included in the bottle.

This form was completed by

Relationship (if not completed by you)

All the information is correct to the best of my knowledge and I accept that it is my responsibility to ensure that ALL the information on this form is kept up to date.

Signed

Print Name Date

Emergency Treatment & Escalation Plan

Advanced Care and Treatment Plan
 Where is it located?

HAP Care Plan (Health Action Plan)

The Herbert Protocol

Do Not Resuscitate Info

Habits / Hobbies
 Detail any habits and / or hobbies that you regularly enjoy

Pets
 Do you have any pets at home, and if so, what kind?

Mobile phone
 Do you have a mobile phone? If YES, please enter the number



Personal details

NHS No. Date of Birth Age

Surname Gender

First Name(s)

Postcode Preferred Language

Do you have a Medic Alert pendant or bracelet?

Member No.

Diagnosis/Conditions I have

Do you take medicine for?

Asthma	<input type="checkbox"/>	Dementia	<input type="checkbox"/>	Heart Problem	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Parkinson's	<input type="checkbox"/>	Anti-Coagulant	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Motor-Neurone (MN)	<input type="checkbox"/>	Multiple Sclerosis (MS)	<input type="checkbox"/>
Other	<input type="checkbox"/>	I have communication problems	<input type="checkbox"/>	I need hearing aids	<input type="checkbox"/>

Your medication

Where do you keep your medication?

Room

Location

Important - Always keep your repeat prescription with your medication. Keep your medication in a box.

Illness

Detail any illness or drug therapy that might affect emergency treatment

Allergic reaction to medication

Detail any allergic reaction to medication you take

Allergies

Detail any allergies you have

Your Doctor's details

Name of GP

Practice Address

Tel No.

Your Carer/Your Carer's Agency details

Name

Organisation Address

Tel/Mobile No.

Photograph

Important
Place a recent photograph here

Emergency contact 1

Name Relationship

Contact Address

Contact Tel No.

Emergency contact 2

Name Relationship

Contact Address

Contact Tel No.