

# Patient details for medical staff

Patient's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ NHS number: \_\_\_\_\_

GP's name and surgery: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Special considerations when communicating with patient:

\_\_\_\_\_

Is their memory affected? If yes, give details:

\_\_\_\_\_

Allergies: \_\_\_\_\_

What medication is the patient currently taking?

Drugs and doses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prescriptions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pressure sores:  No  Yes **Give details:**

\_\_\_\_\_

\_\_\_\_\_

Patient's routine for movement or physiotherapy:

\_\_\_\_\_

First diagnosed with MS in: \_\_\_\_\_ Type of MS now: \_\_\_\_\_

Other health problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MS consultant/specialist(s) who treats this patient.

And where based: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Carer's name:** \_\_\_\_\_

**Carer's contact details:**

Mobile number: \_\_\_\_\_

Home/landline phone number: \_\_\_\_\_

Work number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

**If carer can't be contacted:**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

**Patient's wishes.**

**Does the patient have:**

**an Advanced Care Plan?** \_\_\_\_\_

No Yes

**a Power of Attorney** \_\_\_\_\_

No Yes

**an Advance Decision (Advance Directive/Living Will)** \_\_\_\_\_

No Yes

**an Advance Statement** \_\_\_\_\_

No Yes

**Other (eg, DNAR or DNACPR)** \_\_\_\_\_

No Yes

**Any special feeding instructions, eg PEG feeding tubes?**

No Yes

**Details of feeding system:** \_\_\_\_\_

**Other feeding prescriptions or instructions:**

\_\_\_\_\_

**Catheter advice:** \_\_\_\_\_

**Are any of the following involved in the patient's care?**

**MS nurse** \_\_\_\_\_

Name:

Based at:

Contact details:

**Urologist (bladder)** \_\_\_\_\_

Name:

Based at:

Contact details

**Spasticity specialist** \_\_\_\_\_

Name:

Based at:

Contact details

\_\_\_\_\_

## Speech and language therapist (SLT)

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Name:

Based at:

Contact details:

## Counsellor

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Name:

Based at:

Contact details:

## Continence adviser

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Name:

Based at:

Contact details:

## Occupational therapist (OT)

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Name:

Based at:

Contact details:

## Orthoptist (eye specialist)

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Name:

Based at:

Contact details:

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## Wheelchair services

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Name:

Based at:

Contact details:

## Physiotherapist

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Name:

Based at:

Contact details:

## Pharmacist

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Name:

Based at:

Contact details:

## Orthotics service

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Name:

Based at:

Contact details:

## Dietician

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Name:

Based at:

Contact details:

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**MS Helpline**

Freephone 0800 800 8000

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