Attach Photograph Here

Learning Disabilities ☐

Autism ☐

Buckinghamshire Healthcare NHS Trust

Grab Sheet

Please keep updated in case of emergency or admission to hospital

Name: Preferred Name: Date of Birth: Address: Tel no: Next of Kin:	Main Carers Name: Tel no: GP Name: GP Address: GP Tel No:	Other Professionals: Known Allergies: (including medication)

Social Circumstance (e.g. lives alone/ with family/ with carers visiting/ in residential home. Does someone need to be contacted before discharge?)

Medical History/ Pre-existing medical conditions (e.g. Epilepsy- describe seizure, Diabetes, high blood pressure, respiratory issues- attach chest passport if applicable)	**Regular medication**: (please bring repeat prescription or Mars sheet) **How medication is taken:** (e.g. with water, food, uses dosette box)
Things that can make the person anxious: (e.g. needles, BP cuff, noise, lights, lying down)	**Reasonable adjustments required:**

Mental Capacity (please state if you are aware of areas where the individual will need support in decision making):

Details of anyone who has lasting power of attorney / deputyship?

Is a DNACPR already in place?

Method of communication: Verbal / picture **The best way for staff to give information:**	**Method of expressing pain** (e.g. Shouting, crying, hitting self – attach Dis Dat if applicable):

Additional health needs: (hearing difficulties, vision difficulties, mobility baseline, uses wheelchair, hoist, mobility aids, safety equipment such as helmets, bed bumpers)

Special dietary needs (e.g. diabetic, gluten free, soft foods)

SALT guidance: if YES please attach 6 box

Specialist equipment:

Bowel management (usual routine, including use of toilet / commode / pads and any support required, usual pattern of bowels opened, usual type of bowel movement using Bristol stool chart).

Date bowels were last opened:

Likes (e.g. quiet room, personal item/ possession, music type):	**Dislikes** (e.g. certain foods or colours etc):

Any Additional information (including End of Life plans or discussions):

Please contact the **Learning Disability Liaison Nurses** for support on 07876231051 or 07818646262

Form completed by…… Date……