



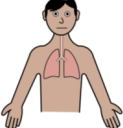


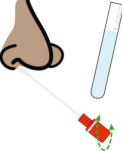



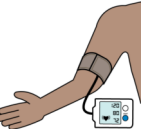
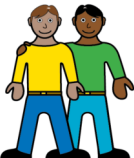



COVID-19 Hospital Summary

If you need to come into hospital, please bring this sheet with you, along with your hospital passport.

 Name	 Address
 Date of birth	
 Keeping me safe (any risks or behaviours that hospital staff need to know)	

 Breathing issues (e.g. asthma, history of respiratory infections)	 If you have a new cough, when did it start?	 What was your last temperature? Date: _____ Time: _____
 What support would you need to have a swab taken?	 Have you had any change in skin colour? 	 Have you had contact with a person with a new cough or fever?
 Physical observations (what support would you need to have your blood pressure and temperature checked)		

 Someone who knows you well (this should be someone that we can talk to about your care and treatment) Name: Relationship: Telephone number:	 Things that you like or would distract you if you are upset
--	---

