

This form can help you keep track of your personal and medical information. It can be useful to take to your appointments so that you have it to hand:

Personal and medical information²

Patient's name

Address

Date of birth

Email address

Mobile phone number

Name of next of kin

Mobile number of next of kin

Diagnosis

List of medications

Dosage

Personal and medical information

Any allergies

Are you on oxygen?

Yes

No

If yes, what is the flow rate?

Name of family doctor

Contact

Respiratory Consultant

Contact

ILD nurse

Contact

Nearest Accident and Emergency Department contact

Your insurance number

Notes
