



Medical Details Update Form

Date Effective From

Personal Details (BLOCK CAPITALS PLEASE)

| | |
|------------|---------------|
| First Name | Male / Female |
| Surname | |
| Address | Date of Birth |
| | |
| Postcode | |

About your health and general support needs (please continue on a separate sheet if necessary)

| | |
|---|---|
| Please describe your health condition(s) and disabilities including your learning disability, other disabilities, illnesses, allergies etc..... | |
| Please provide your GPs name and contact details. | GPs Name..... Surgery..... Address..... Telephone..... |

| <p>If you take <u>any</u> medication please list it here. Please remember to include any rescue medication. Also include any non -prescription medications(s).</p> <p>Once you have prepared your list and you are satisfied that it is complete please * any medication that you need to take when you are at midstream i.e. between the hours of 9.00am - 4.30pm</p> | Medication | Dosage | Frequency/Time (e.g. 1/day at breakfast) | Reason for taking |
|--|------------|--------|--|-------------------|
| | | | | |

Please note: On the days you attend Midstream our staff will take charge of any medication that you need to take while you are at Midstream. This includes non prescription medication, e.g paracetamol as well as medication that has been prescribed by your doctor. Our Policies and Procedures must be strictly followed to ensure everyone in our care is kept safe. All medicines brought onto our premises must be kept in secure storage and administered by Midstream staff. Our full Medication Policy and Procedure can be downloaded from our website homepage www.midstream.org.uk. Alternatively hard copies are available from Midstream upon request.

| | |
|---|--|
| <p>What assistance do you need as a result of a medical condition?</p> | |
| <p>What other assistance or support do you think you need? Please use this space to tell us anything that you think that supervisory staff would benefit from knowing whilst you are in Midstream's care (for example, how your medical condition affects you).</p> | |

Do you have any special dietary requirements?

YES

NO

If YES please provide details.

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Data Protection

Midstream (West Lancs) Ltd is registered under the Data Protection Act 1998. All the information that you supply on this form will be processed in accordance with the regulations of that Act. We sometimes may need to share the personal information we process with your Local Authority or other organisations e.g. healthcare, social welfare organisations or educators and examining bodies. Where this is necessary we are required to comply with all aspects of the Data Protection act 1988.

Declaration

I declare that to the best of my knowledge, all the information contained on this form and on any additional sheets is true and correct.

Name (IN BLOCK CAPITALS)

parent / guardian / carer (please indicate)

Signature

Date

WHAT TO DO NEXT:

Please return to: Mary-Emma Brownbill (Administrator)
Midstream (West Lancs) Ltd
2 Penrose Place
Skelmersdale
Lancashire
WN8 9PR

Please mark your envelope "Confidential".

If you require any assistance completing this form or wish to ask any questions please contact Mary-Emma Brownbill at Midstream on: 01695 555316.