Date Effective From



Medical Details Update Form

Male / Female

Date of Birth

Personal Details (BLOCK CAPITALS PLEASE)

First Name

Surname

Address

Postcode

About your health and general s	support needs (please continue on a separate
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

	1	Т	T	1 1
If you take <u>any</u> medication please	Medication	Dosage	Frequency/Time (e.g.	Reason for taking
list it here. Please remember to			1/day at breakfast)	
include any rescue medication.				
Also include any non -prescription				
medications(s).				
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				
·				
IMPORTANT: If you take				
Midazolam you must provide up to				
date up to date epilepsy care plans.				
date up to date epilepsy care plans.				
	I	1	ı	1

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.

What assistance do you need as a result of a medical condition?				
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).				
Do you have any special dieto	ry requirements?	YES	NO	
If YES please provide details				

Data Protection

Midstream (West Lancs) Ltd is registered with the Information Commissioner's Office (ICO) Register of Data Controllers. We comply with the Data Protection Regulations (GDPR) 2018. We need the personal information you have supplied on this form for the provision for health/social care or treatment or management of health and social care systems & services on the basis of EU/UK law; and to safeguard, protect and promote the welfare of service users. For the same reasons we may need to discuss/share the information you provide on this form with 3rd parties for example; with local & central government offices; health & social care professionals; educational & examining bodies; or professional carers/advocates. Our full privacy policy can be viewed on line www.midstream.org.uk/policies

I hereby give permission for Midstream (West Lancs) Ltd to process the data on this

_	_	 _	_	 4

(BLOCK CAPITALS PLEASE) Parent / Guardian / Legal Carer (please indicate) 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)	Client Name	Signature Date	
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)			
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)			
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)			
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)	(DLOCK CAPTTALS DIEASE)	Perent / Guardian / Legal Caren (places indicate)	
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)			
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)			
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)			
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)			
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)	Daclaration		
and on any additional sheets is true and correct. Name (IN BLOCK CAPITALS)	Decidration		
Name (IN BLOCK CAPITALS)			
•		est of my knowledge, all the information contained on th	is form
	I declare that to the be		is form
	I declare that to the be		is form
parent / guardian / carer (please indicate)	I declare that to the be and on any additional sho	neets is true and correct.	is form
	I declare that to the be and on any additional sho	neets is true and correct.	is form
	I declare that to the be and on any additional sho Name (IN BLOCK CAPIT	TALS)	is form

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.