## Further Key Details

## Previous key address(es)

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# Employment details / Previous employment

Detail name and address of present or previous employer

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Detail any places of interest that you visit often or have visited in the past

# Please remember to ...

- 1. Ensure the form is completed, dated and signed.
- 2. A separate form must be completed for each person in the household who lives with an
- 3. Place the bottle in your fridge, in a door compartment, where it will be safe and quickly illness or allergy: ask for extra forms when you receive your pack.
- $\ensuremath{4.}$  Place the green cross sticker on the outside of the fridge door.
- door lock if possible. 5. Stick the other label on the inside of your front door at eye level and in line with your
- 7. Keep medication in a box. 6. Ensure that your current prescription is with your medication.

### required by the emergency services? Are there any other details that may be

- Special instructions concerning your medication
- Communication difficulties
   Religion
   Hearing or visual problems

Emergency Services/Hospital staff. Please list it here and where it is kept: If you have a personal information folder, it contains important information that will help

# The bottle found in the fridge Lions Message in a Bottle

Signed

completed by you)

Relationship (if not

Where is it located?

Mobile phone

Habits / Hobbies

Pets

Advanced Care and Treatment Plan

Do you have a mobile phone? If YES, please enter the number

Do you have any pets at home, and if so, what kind?

Detail any habits and / or hobbies that you regularly enjoy

completed by This form was

### What do you have to do?

responsibility to ensure that ALL the information on this form is kept up to date.

All the information is correct to the best of my knowledge and I accept that it is my

Date and sign the form before placing it in the bottle. Complete the form overleaf in ballpoint pen using BLOCK CAPITALS.

Date

Do Not Resuscitate Info

The Herbert Protocol

(Health Action Plan)

PROTOCOL HERBERT

HAP Care Plan

Emergency Treatment & Escalation Plan

you receive your pack. household who has an illness or allergy; ask for extra forms when A separate form must be filled in for each person in the

### Ambulance, Police, Fire & Rescue Services, Emergency Doctors, Supported by

Disclaimer Lions Clubs International MD105 do not accept any responsibility for the details inserted on this form or for any additional paperwork included in the bottle. NHS Primary Care Trusts.

### When time is saved, lives are saved should you suffer an accident or sudden illness.

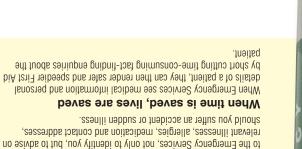
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We Serve - We Care.

by short cutting time-consuming fact-finding enquiries about the details of a patient, they can then render safer and speedier First Aid When Emergency Services see medical information and personal

reassured to know that essential information would be readily available

This is a voluntary scheme for anyone living at home, who might be







Perso	nal details			
NHS No.	Date of Birth	Age	<b>Illness</b> Detail any illness or drug th	nerapy that might affect emergency treatment
Surname		Gender		
First Name(s)			Allergic reaction t	o modication
Postcode	Preferred Language		Detail any allergic reaction t	
Do you hav	ve a Medic Alert pendant or b	racelet?		
Member No.				
Diagnosis/Cond	litions I have	J	Allergies Detail any allergies you hav	e
Do you tak	te medicine for?		Your Docto	r's details
Asthma	Dementia	Heart Problem	Name of GP	
Diabetes	Parkinson's	Anti-Coagulant	Practice Address	
Epilepsy	Motor-Neurone (MN)	Multiple Sclerosis (MS)		
Other	I have communication problems	l need hearing aids		Tel No.
Your medic	cation eep your medication?		Your Carer	<b>Your Carer's Agency details</b>
Room			Name	
Location			Organisation Address	
Important - Alv	ways keep your repeat prescription with your r	nedication.		Tel/Mobile No.
Keep your medi	cation in a box.			
Photo	graph		Emergency	/ contact 1
			Name	Relationship
			Contact Address	
				Contact Tel No.
	Important Place a recent		_	
	photograph here		Emergency	contact 2
			Name	Relationship
			Contact Address	