

# COVID-19 Hospital Summary

To be completed by individual (with help if needed) before coming into hospital

Please also bring your Hospital Passport

My name is:

I would like you to call me:

My date of birth:



My address:



My NHS number:



My telephone number:



Keeping me safe (any risks or behaviours that hospital staff need to know):



Breathing issues (e.g. asthma, history of breathing difficulties)



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?



What support would you need to have your observations taken?



Have you had any contact with someone with a new cough or fever?



My closest family/representative:

Their relationship to me:

Their address:

Their telephone number:



Things that you like or would distract you if you are upset?

