irona care&health

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:

My date of birth:

My address:

I would like you to call me:



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?

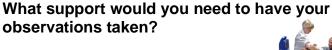


What support would you need to have a swab taken?

Date:

Time:

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?

