PATIENT PICTURE

Allergies:

I like to be known as:

My name is:

Date of Birth:

NHS No:

**Booking in to the department:**

**Gaining my consent:**

**How to support me in A&E**

**Communication:**

**Who supports me:**

Diagnosis:

**Triage:**

**Scans and Investigations:**

**Medication:**

**The best way to support me to access the A&E department is to communicate with my carers and family.**