



Medical Details Update Form

Date Effective From

Personal Details (BLOCK CAPITALS PLEASE)

First Name	Male / Female
Surname	
Address	Date of Birth
Postcode	

About your health and general support needs (please continue on a separate sheet if necessary)

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.....

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

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

Consent

I hereby give permission for Midstream (West Lancs) Ltd to process the data on this application form and on any updates, supplements or amendments. Your consent will remain in force until such times that the person to whom this information relates no longer attends Midstream or uses our services.

Client Name**Signature****Date**

(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)

Signature

Date

WHAT TO DO NEXT:

Please return to: Kerrie Fath (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 Kerrie Fath at Midstream on: 01695 555316.