Date Effective From



## Medical Details Update Form

Male / Female

Date of Birth

Personal Details (BLOCK CAPITALS PLEASE)

First Name Surname

Address

Postcode

About your health and general s sheet if necessary)	support needs (please continue on a separate
Please describe your health	
condition(s) and disabilities including	
your learning disability, other	
disabilities, illnesses, allergies etc	
Please provide your GPs name and	CDANA
contact details.	GPs Name
	Surgery
	Address
	Telephone

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

Please note: On the days you attend Midstream our staff will take charge of any medication that you need to take while you are at Midstream. This includes non prescription medication, e.g paracetamol as well as medication that has been prescribed by your doctor. Our Policies and Procedures must be strictly followed to ensure everyone in our care is kept safe. All medicines brought onto our premises must be kept in secure storage and administered by Midstream staff. Our full Medication Policy and Procedure can be downloaded from our website homepage <a href="www.midstream.org.uk">www.midstream.org.uk</a>. Alternatively hard copies are available from Midstream upon request.

What assistance do you need as a result of a medical condition?				
What other assistance or support do				
you think you need? Please use this space to tell us anything that you think that supervisory staff would benefit from knowing whilst you are in Midstream's care (for example, how your medical condition affects you).				
Do you have any special dieta	ry requirements?	YES	NO	
If YES please provide details.				

## **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 3<sup>rd</sup> 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 <a href="https://www.midstream.org.uk/policies">www.midstream.org.uk/policies</a>

I hereby give permission for Midstream (West Lancs) Ltd to process the data on this

С	0	n	S	e	n	t

Client Name	Signature	Date
BLOCK CAPITALS PLEASE)	Parent / Guardian / Legal	Carer (please indicate)
Na danakan		
Declaration		
declare that to the best o	f my knowledge, all the informo	tion contained on this form
	•	tion contained on this form
declare that to the best o	•	tion contained on this form
declare that to the best o	is true and correct.	tion contained on this form

## 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.