

When in hospital, my additional preferences/wishes are: *(please detail)*

What matters to Me

Large empty text box for additional preferences/wishes.

My first language is:

Text box for first language.

I need an interpreter: Yes No

I have a medication allergy: *(please state)* Y N

Text box for medication allergy details.

I have medication that I need to take daily: Y N *(please state)*

Text box for daily medication details.

V1 October 2020

My sex is:

Male Female Intersex

I have been this sex since birth: Y N *

*My family and friends are aware I am Transgender:

Yes No Not applicable

My preferred pronouns are:

He/his/him She/her/hers They/their/

Information about Me

For an inpatient stay I prefer to be in a:

Female bed bay Male bed bay Side room if available

I have a disability/disabilities: Y N

I am a Deaf British Sign Language user: Y N

I have a mental health condition: Y N

Please give details:

I have additional care needs due to:

Dementia Learning Disability Other *(please detail below)*

Text box for additional care needs details.



Information about Me

Enabling us to give you Personalised care

Please keep this card with you, staff will know to look for it

A person or pet relies on me for care: Y N

Infant (0-3) Child (4-17) Adult (18+)

Pet *In an emergency please call:*



Information about Me

My sexual orientation is:

My ethnicity is:

I live in a Gypsy or Travelling community: Y N

The 'Information about Me' card

- * Carrying this card is optional
- * By carrying this card, you are helping us to give you personalised healthcare when you need it
- * You can choose which questions you answer
- * We will respect your personal information and only share it with other healthcare staff involved in your care

Full name:

Text box for full name.

I like to be called:

Text box for preferred name.

Date of birth:

Date of birth input field: __/__/__

Please be respectful of my religious belief:

Text box for religious belief.

Which impacts on:

Diet Prayer Washing Modesty Visiting Treatment

I am a refugee/migrant: Y N

I have been in the UK for less than 2 years

I have been in the UK for 2+ years

I have/had links with the Armed Forces: Y N

I am currently in the Armed Forces

I am a veteran of the Armed Forces

I am an injured or disabled veteran

The more you share - the more personalised the care

My sex is:

Male Female Intersex

I have been this sex since birth: Y N *

*My family and friends are aware I am Transgender:

Yes No Not applicable

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Please give details:

I have additional care needs due to:

Dementia Learning Disability

Other *(please detail below)*

The more you share - the

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I need an interpreter: Yes No

I have a medication allergy: *(please state)* Y N


I have medication that I need to take daily: Y N *(please state)*

V1 October 2020

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One Gloucestershire
Transforming Care, Transforming Communities

NHS

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