



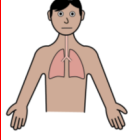


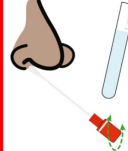








# COVID-19 Hospital Summary



If you need to come into hospital, please bring this sheet with you, along with your hospital passport.

 <p>Name</p>	 <p>Address</p>
 <p>Date of birth</p>	
 <p>Keeping me safe (any risks or behaviours that hospital staff need to know)</p>	

 <p>Breathing issues (e.g. asthma, history of respiratory infections)</p>	 <p>If you have a new cough, when did it start?</p>	 <p>What was your last temperature?</p> <p>Date:                      Time:</p>
 <p>What support would you need to have a swab taken?</p>	 <p>Have you had any change in skin colour?</p> 	 <p>Have you had contact with a person with a new cough or fever?</p>
 <p>Physical observations (what support would you need to have your blood pressure and temperature checked)</p>		

 <p>Someone who knows you well (this should be someone that we can talk to about your care and treatment)</p> <p>Name:</p> <p>Relationship:</p> <p>Telephone number:</p>	 <p>Things that you like or would distract you if you are upset</p>
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