

Patient ID Label or
 Patient Name.....
 DOB...../...../.....
 Hospital /MRN
 Number.....
 NHS Number.....

Recognition of Specific Requirements

- Do you require an Interpreter? Do you have a Red Book?
 Do you have a Carer? Do you have a Yellow Folder?
 Is your Carer in attendance? Do you require help after discharge?
 Do you wish your carer to have copies of letters/appointments; Yes No
 I have a specific requirement as indicated below:

SENSORY

Hearing



- Deaf
 Lip Reading
 British Sign Language user
 Lip Speaker required
 Hearing Dog
 Book an Interpreter
 Usher Required

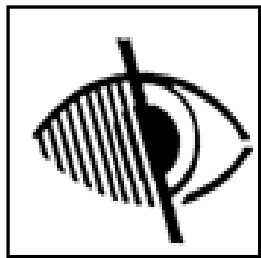
Partial Loss of Hearing

- Hard of Hearing
 Deaf in one ear only (left)
 Deaf in one ear only (right)

Hearing Aid

- Right Ear
 Left Ear
 Both Ears

Sight

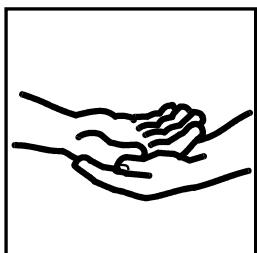


- Blind
 Reads Braille
 Guide Dog
 Manual Interpreter
 Usher Required

Partial Loss of Sight

- Blind in one eye only (left)
 Blind in one eye only (right)
 Glasses/Contacts
 Large Print
 Audio Description
 Prosthetic Eye
 Visually Impaired

Communication



- Problem with Speech
 Use communication aids
 No verbal communication

PHYSICAL



Unable to walk

Motorised Wheelchair

Manual Wheelchair

Paralysed one side

Left

Right

Difficulties with walking

Motorised Wheelchair

Manual Wheelchair

Unable to walk long distances

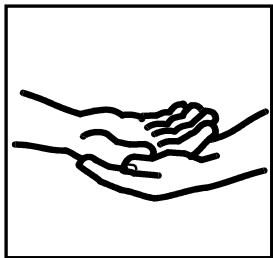
Falls

Walking Stick Left

Walking Stick Right

Walking Stick Both

Walking Frame



LEARNING DISABILITY

Would you like to bring any additional support requirements to the attention of staff about how they

Do you have a learning disability?

Please Tick

Please contact the Liaison Nurse

Please Tick

Do you have a Life Story Book?

Please Tick

Do you have a Patient Profile on file at Torbay Hospital? Yes No

If no, does a Patient Profile need to be completed? Yes No

If Yes, a Patient Profile does need to be completed, please refer to Appendix A of this form.

Is there anything that you need extra help with?

eg. difficulties with communication or assistance required with Activities of Daily Living(ADL's)

I am the patient's main carer, and I agree that flagging specific requirement information is important to patient care, and I agree on behalf of the patient that a card with the symbol indicated above can be placed on the outside of the patient's hospital medical records: Yes No

I am the patient's main carer, and I agree that flagging specific requirement information is important to patient care, and I agree on behalf of the patient that a sign with details of the patient's specific requirements can be placed above the patient's bed if the patient is admitted to hospital: Yes No

Please inform a member of staff if you wish to withdraw your permission at any time.

Signed by Carer/Parent on behalf of patient:..... **DOB:**
...../...../.....

Print Name: **Date:**

Carers address for copies of correspondence
.....

Witness to signature: **Date:**

After completion please file in the patient's health record in the Allergies and Special Conditions Section - if permission is withdrawn please cross through form and remove sign from notes/bed.

RECOGNITION OF SPECIFIC REQUIREMENTS

Background

On occasion we will care for patients whose individual needs will require further arrangements to be made to ensure their needs can be addressed.

The Recognition of Specific Requirements form allows us to highlight these needs visually either through a card on the medical record and/or a sign placed above the bed. Permission must be sought prior to using any of these visual triggers.

Scope

The group of patients whose needs may be met in this way will include the following disabilities:

Sensory, Physical, Mental Health, Hidden Disabilities, Learning Disability

Responsibility

Permission must be sought during the following encounters with patients: Outpatient, Pre-assessment, Inpatient (both emergency and elective). It is the responsibility of the Practitioner who is most directly involved with the patient (or their carer) to ensure that patients are given the option of having their specific requirements flagged.

If patients agree to their requirement being flagged the procedure below must be followed:

1. Specific Requirement discussed and form given
2. Ensure form is signed
3. Ensure form is filed in the notes in the Allergies & Special Conditions Section
4. Where an ICP is in use the form will remain within the ICP until Discharge, it Condition section
5. Tick the appropriate boxes on the ICP
6. Place a special requirements card in the plastic message carrier the front of the case notes and annotate accordingly on the inside leaf. Also place sign above bed during inpatient/daycase stays.

The flagging of Specific Requirements must be discussed and agreed with the patient or carer/parent at each subsequent admission/outpatient episode. If the patient withdraws their permission, the specific requirements card must be removed from the notes, the sign above the bed must be removed and a line drawn through the permission form.

PATIENT PROFILE

(Please ensure you refer to 'Guidelines for Completion of Patient Profiles')

NAME:	HOSPITAL NO.	PP DECLINED
ADDRESS:	NHS NO.	(please tick box) <input type="checkbox"/>
TEL NO:	D.O.B.	<i>You have been</i>
PREFERRED NAME		<i>offered a Patient</i>

Communication Carer has been granted permission to be contacted regarding appointments or receive copies of letters YES/NO

Mobility

Personal Hygiene

Eating and Drinking

Continence

Sleep Pattern

Favourite Objects

Risks

Behaviour - including reaction to pain

Medical Conditions - including known allergies

Administration of Medication

Signature of Next of Kin / Main Carer/Person completing Patient Profile:

.....

Tel No:..... Print Name.....

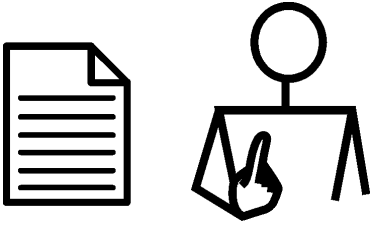
Address.....

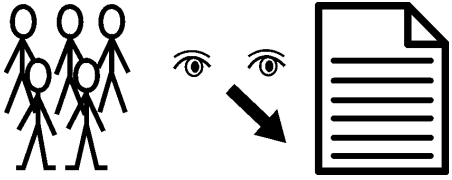
Date Profile Completed: Completed by and typed on behalf
of.....

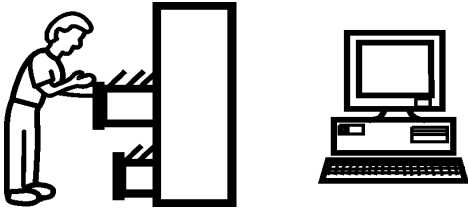
Original signed copy kept on Community File

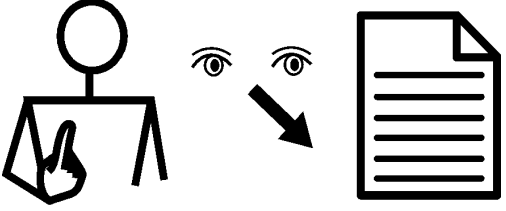
**Should you require any further information contact Dementia Specialist Nurse
(TORBAY HOSPITAL) on 01803 655859 for advice**



Your Consent to Share Information

	<p>This form is about you</p>
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	<p>People who help you can see it</p>
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	<p>A copy will be kept <i>in a filing cabinet</i> <i>and</i> <i>in a computer</i></p>
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	<p>You can ask to see what is in the filing cabinet and the computer</p>
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<div style="display: flex; align-items: center;">  <div> <p>Yes, I Agree</p> <div style="display: flex; align-items: center; margin-top: 10px;"> ✓ <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> </div> </div>	<div style="display: flex; align-items: center;">  <div> <p>No, I don't Agree</p> <div style="display: flex; align-items: center; margin-top: 10px;"> ✓ <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> </div> </div>
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 <p style="margin-left: 10px;"><i>Your Name</i></p>		 <p style="margin-left: 10px;">DATE</p>
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 <p style="margin-left: 10px;"><i>Your Signature</i></p>		
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