

Accident & Emergency Grab Sheet

(Please keep updated in case of emergency admission to hospital)

Name: Preferred name: Disability/Diagnosis: Date of Birth: Address: Email: Emergency Contact: Relationship: Tel No: Email: Secondary Emergency Contact: Relationship: Tel No: Email:	Carer Name: Tel No: GP Name: GP Address: GP Tel No: Transport to cube: Transport home from cube: Transport company (if used):	LD Nurse: Tel No: Social Services Worker: Tel No: Other: Should you require medical attention, do you consent to a member of The Cube Disability Ltd's staff assisting you to the Hospital / Accident & Emergency, (circle one): <div style="display: flex; justify-content: space-around;"> Yes No </div> NHS number: Has the client got a 'Do Not Resuscitate' Plan in place? (DNR) <div style="display: flex; justify-content: space-around;"> Yes No </div> <p><u>Please note: If selecting 'yes' you will need you provide proof of the DNR Plan to The Cube Disability Ltd.</u></p>
Medication History / Pre-Existing medical conditions (e.g. Epilepsy, Diabetes, High Blood Pressure). If Epilepsy, describe type of seizure:	Regular medication: How medication is taken:	
COVID-19 Vaccinated: Date of first covid vaccination: Date of second covid vaccination: Booster vaccination?	Date of last tetanus:	

Date of last tetanus:

Known allergies (incl. medication):

Method of communication:

The best way to give information:

The best time to give information:

Method of expressing pain (e.g. crying, facial expressions, vocalisations):

Additional health needs, please specify additional equipment resources required to support the service user:

Hearing Difficulties YES/NO

Vision Difficulties YES/NO

Mobility: Wheelchair User YES/NO

Uses Hoist YES/NO

Any other mobility aids:

Special dietary needs (e.g. diabetic, gluten free, soft drinks, risk of choking, specialist equipment needed):
Not to have any grapefruit products

Eating:

Drinking:

Behaviour:

Triggers:

Keeping safe (e.g. bed rails, water temperature, wandering):

Likes (e.g. quiet room, personal item / possession):

Dislikes – which may lead to anxiety / behaviours (e.g. noises, specific items, needles):

Actions which may reduce anxieties:

<p>Consent for photos of you to be used for publicity, website and events associated with the Cube Disability service?</p> <p style="text-align: center;">Yes No</p> <p>However, if the service user is unable to sign due to their disability/capacity, their representative will sign on their behalf to confirm whether they consent for photos of the above indicated service user to be used for publicity, website and events associated with the Cube Disability service?</p> <p style="text-align: center;">Yes No</p>	<p>Additional information:.</p>

Form completed by:

Parent/Carer Signed: Date: