

ACP carer document request to GP Practice

1. PATIENT DETAILS

PATIENT:	
Name	
DOB	
CHI	
Address	
GP Practice	

2. SPECIAL NOTES BOX (PLEASE COPY AND PASTE TO KIS SPECIAL NOTE Please also remember to ensure the Summary and consent Status check box for KIS has turned to green on completing upload).

- [INSERT CARERS NAME] is a carer for [NAME OF CARED FOR PERSON / RELATIONSHIP, only include address if different to carers]
- Carer arrangements for [NAME OF CARED FOR PERSON], if I become really unwell:
- To help make arrangements for [INSERT CARERS NAME] please call:
- Care and treatment preferences:
- Next of kin for [INSERT NAME OF CARER]:
- Power of attorney for [INSERT NAME OF CARER]:
- Power of attorney for the person I care for:
- There is a Carers Emergency Plan which is kept [insert where at home it's kept], or contact Social Care Direct Tel 0131 200 2324 (quote Carer's Emergency Card ID: xxxxx).

(Max 2048 Characters)

3. CONSENT FOR CREATING A KIS (Please X appropriate box)

Individual has a KIS created under Covid19 protocol and has now given consent

The individual has given verbal consent for a KIS to be created/uploaded and shared with other professionals as necessary (this may include the Scottish Ambulance Service, NHS24, hospital departments especially the Emergency Department, and GPs out of hours)

No consent obtained

KIS Word template completed by:

Name of Staff:	Position:
Name of Team:	
Direct Dial:	Carer Support Team Helpline: 0131 536 3371
Email:	
Date completed:	