



VOCAL ACP carer document request to GP Practice

Dear GP

In discussion with VOCAL I have been thinking ahead about my health and care needs and alternative care arrangements for the person I care for. I would like the following information to be included in my Key Information Summary (KIS).

1. CARERS DETAILS

CARER:	
Name	
DOB	
CHI (If known)	
Address	
GP Practice	

2. SPECIAL NOTES BOX (PLEASE COPY AND PASTE TO KIS SPECIAL NOTE).

[INSERT CARERS NAME] is a carer for [NAME OF CARED FOR PERSON / RELATIONSHIP, 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 [insert carers name]:

[Insert Carers Name] next of kin:

Power of attorney for [INSERT NAME OF CARER]:

Power of attorney for the person I care for:

(Max 2048 Characters)

3. CONSENT FOR CREATING A KIS

The carer has given 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 ED, and GPs out of hours)

KIS TEMPLATE COMPLETED BY:

Name:	Team:
Direct Dial:	Email:
Date completed:	

For support with updating/creating KISs and ACP resources for practitioners/patients, please contact: Anticipatorycareplanning@nhslothian.scot.nhs.uk