

1. PERSON DETAILS

Name	
CHI / DoB	
GP Practice	

2. DISTRICT NURSES: using the [ACP Discussion Prompt Sheet as a guide](#), record current information in the free text box below.

GP PRACTICE: On receipt of this completed form please only copy and paste text recorded in the box below to KIS special note

(Max 1700 Characters)

3. CONSENT FOR CREATING A KIS

The individual 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 Emergency Department, and GPs out of hours)

Or

The individual's authorised person has given consent

Or

No consent obtained

*If no consent please specify reason given by the **team** (eg patient presents a significant safety risk to themselves/to staff or patient is vulnerable):*

KIS TEMPLATE COMPLETED BY:

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