Post Diagnostic Support Link Worker Future Care Plan-KIS: request to GP practices

1. PERSON DETAILS

Name	
CHI / DoB	
GP Practice	

2. PDS LINK WORKER: using the <u>Future Care Plan Discussion Prompt Sheet as a guide</u>, record current information in the free text box below.

GP PRACTICE: On receipt of this completed form please <u>only</u> copy and paste text recorded in the box below to KIS special note and ensure the *Summary and consent Status* box for KIS has been checked.

(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:

Phone number:

Date completed:

Team:

Email: