



# Information for Accident and Emergency Department

## Client Summary Sheet

Name of client: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Hostel Key worker: \_\_\_\_\_

Hostel Telephone number: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

NOK and/or Significant partner/friend: \_\_\_\_\_

Who to contact in case of admission and on discharge: \_\_\_\_\_

Fax number for discharge: \_\_\_\_\_

GP: \_\_\_\_\_

Contact details of hostel in-reach nurses: \_\_\_\_\_

Substance use Worker/Service: \_\_\_\_\_

Current Methadone dose: \_\_\_\_\_

Substance use: \_\_\_\_\_

Client at risk of alcohol withdrawal?\_ \_\_\_\_\_

Mental Health Worker/Service: \_\_\_\_\_

Social worker name/contact \_\_\_\_\_

Cognitive deficit issues/decision making impaired: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_