City of Westminster

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: _____

_____