**Full contact form**

This form should be used on first contact with a person who has MND. **All** of the fields in the first table must **always** be completed.

|  |  |
| --- | --- |
| First nameLast name | GenderMale/female/non-binary\*TitleMr/Mrs/Miss/Ms/other\* |
| Address | Ethnicity*Enter a code from the table below* |
| E-mail | Free Association membership |
| Telephone (land line) | Referrer |
| Mobile | Lives alone yes/no\* |
| Preferred method of contact | Date of birth |
| Consent to store & share data and receive information-Verbal-Written | **Care centre, network or other specialist service**NameContact details |
| Authority to contact third party-Verbal-Written | **GP**Name & practiceContact details |
| Authority to liaise with main carer-Verbal-Written | **Main carer (family, partner or friend)**Name & relationshipContact details |
| **Other people in household (names)** | **Other people in household (relationship & DOB)** |

|  |
| --- |
| **Children and Young People** (includes children and grandchildren who live with the person with MND **and** those that live elsewhere)*Please note the gender, age and relationship to the person with MND (if known)* |

**\*Delete as applicable**

**Complexity & involvement**

**1 Listening & understanding**

**2 Providing guidance or support**

**3 Intervening with one or more third parties**

|  |  |  |
| --- | --- | --- |
| Method of contact | In personTelephoneE-mailOther |  |
| Time spent (minutes) |  |  |
| Complexity & involvement | 123 |  |

**Ethnicity**

|  |  |  |
| --- | --- | --- |
| **Group** | **Sub-group** | **Code** |
| **A-White** | English/Welsh/Scottish/N Irish/BritishIrishGypsy or Irish TravellerAny other white background | A01A02A03A04 |
| **B-Mixed/multiple** | White & Black CaribbeanWhite & Black AfricanWhite & AsianAny other mixed/multiple background | B01B02B03B04 |
| **C-Asian/Asian British** | IndianPakistaniBangladeshiChineseAny other Asian background | C01C02C03C04C05 |
| **D-Black/African/Caribbean/Black British** | AfricanCaribbeanAny other Black/African/Caribbean background | D01D02D03 |
| **E-Other** | ArabianOther background | E01E02 |
| **F-Prefer not to say** |  | F01 |
| **U-Unknown** |  | U01 |

|  |
| --- |
| **Problems, issues or events***Information about the problems, issues or events discussed* |
| **Options considered***The ways in which problems, issues or events might be addressed* |
| **Agreed actions***Information about who will do what, how it will be done and by when* |
| **Background and other information***Relevant information about the individual, how MND has affected them, their family situation and H&SCPs that are involved.* |

|  |  |
| --- | --- |
| **Completed by** | **Date** |

|  |  |
| --- | --- |
| **Date** | **05.12.18** |
| **Version no** | **2-1** |
| **Review date** | **01.06.19** |
| **Business owner** | **John Gillies-Wilkes** |