**

**If you need to come into hospital, please bring this sheet with you, along with your hospital passport.**

**COVID-19 Learning Disability** 

**Hospital Summary**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name |  | Address |
|  | Date Of Birth |
|  | Keeping me safe (any risks or behaviours that hospital staff need to know) |
|  |
|  | Breathing issues  (e.g. asthma, history of respiratory infections) |  | If I have a new cough, when did it start?  |  | If I have a temperature when did it start?  |
|  | What support would I need to have a swab taken? |  | Have I had any change in skin colour? |  | Have I had contact with a person with a new cough or fever? |
|  | Physical observations (what support would I need to have my blood pressure and temperature checked)  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Someone who knows me well (this should be someone that we can talk to about your care and treatment)  |  | Things that I like or would distract me if I am upset  |
| Name:Relationship:Telephone number: |
|  |
| **The most common symptoms of coronavirus (COVID-19) are:** |
|  | **a new, continuous cough** |
|  | **a high temperature (37.8 degrees and above)** |

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| **If you have symptoms of coronavirus and need medical advice, 111** **Do not go to places like a GP surgery,**  **pharmacy or hospital** **Use the NHS 111 coronavirus service.** |
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