**Contact form**

This form should be used for any second or subsequent contact with a person with MND.

|  |  |
| --- | --- |
| **Name** *Insert person’s name or RE number* | |
| **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 of contact** |

**Complexity & involvement**

**1 Listening & understanding**

**2 Providing guidance or support**

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

|  |  |  |
| --- | --- | --- |
| Method of contact | In person  Telephone  E-mail  Other |  |
| Time spent (minutes) |  |  |
| Complexity & involvement | 1  2  3 |  |

|  |  |
| --- | --- |
| **Date** | **01.10.18** |
| **Version no** | **2-0** |
| **Review date** | **01.04.19** |
| **Business owner** | **John Gillies-Wilkes** |