**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 name  Last name | Gender  Male/female/non-binary\*  Title  Mr/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**  Name  Contact details |
| Authority to contact third party  -Verbal  -Written | **GP**  Name & practice  Contact details |
| Authority to liaise with main carer  -Verbal  -Written | **Main carer (family, partner or friend)**  Name & relationship  Contact 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 person  Telephone  E-mail  Other |  |
| Time spent (minutes) |  |  |
| Complexity & involvement | 1  2  3 |  |

**Ethnicity**

|  |  |  |
| --- | --- | --- |
| **Group** | **Sub-group** | **Code** |
| **A-White** | English/Welsh/Scottish/N Irish/British  Irish  Gypsy or Irish Traveller  Any other white background | A01  A02  A03  A04 |
| **B-Mixed/multiple** | White & Black Caribbean  White & Black African  White & Asian  Any other mixed/multiple background | B01  B02  B03  B04 |
| **C-Asian/Asian British** | Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background | C01  C02  C03  C04  C05 |
| **D-Black/African/Caribbean/Black British** | African  Caribbean  Any other Black/African/Caribbean background | D01  D02  D03 |
| **E-Other** | Arabian  Other background | E01  E02 |
| **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** |