
















COVID-19 Learning Disability Hospital Summary

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

	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)

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.