

**'To Care
and to
Cure'**

Helping you keep track

The five forms on the following pages have been developed to help you keep important information in one place. It is your choice if you wish to use these pages or not, but they may help if you meet a wide variety of health and social care professionals.

The five forms are:

1. Personal details:

to record basic information about yourself to save time at appointments.

We also supply a form in the folder of this guide, called 'Understanding my needs', that is designed to help hospital staff and care workers provide you with suitable support.

2. Contact record:

to keep a central list of key people and services with their contact details.

3. Appointment and communication record:

to help you prepare for appointments and keep notes.

4. Equipment record:

to note the equipment you receive and contacts for support.

5. Medication record:

to note when and how much to take of any medication, nutritional supplement or tube feed.

Personal Details

By recording your details here, you can use this page to provide health and social care professionals your basic information if needed. This can be helpful as you are likely to meet a wide range of professionals. Keep the guide safe if you complete this page, as it will contain confidential data.

My Information:

Name:

Home Tel:

Mobile:

Address:

Email:

Date of birth:

My main contacts are:

Next of kin - Name:

Telephone:

Email

Main carer - Name:

Telephone:

Email:

Contact record

This will help you keep a central record of all contacts for easy reference.

Name or Organisation	Contact Details
MND and Me Foundation	07 3394 5333 5/ 28 Cavendish Road, Coorparoo, Qld 4151 www.mndandme.com.au
MND and Me Client Services Manager	Sarah Durand 0417 082 590 sarah@mndandme.com.au MND and Me Foundation
Spark NeuroCare	1800 875 244 www.sparkneurocare.com.au
MND Association of Queensland	1800 777 175 35 Wedgetail Street, Inala, 4077 www.mndaq.org.au
GP	
Neurologist	
Respiratory Specialist	
MND Clinic Nurse Coordinator	
Social Worker	
Counsellor/ Psychologist	
Palliative Care Team Leader	

Name or Organisation	Contact Details
Occupational Therapist	
Physiotherapist	
Speech Pathologist	
Dietician	
Community Nurse	
Support Coordinator	
NDIS Planner/ MAC Case Manager	
Domestic Assistance	
Personal Care	
Transport	
Respite Service	
Social Support	

Other Contacts:

This page is for extra contacts you may require.

Name or Organisation	Contact Details

Appointment and Communication record

You may find this helpful to prepare for appointments or communications. List any questions beforehand and either make notes during the meeting or ask the health and social care professional to write down the answers for you. If you begin to attend a lot of appointments, you may wish to use this layout in a notebook instead.

Day, Date & Time	Who with	Questions you want to ask	Notes
<i>Example: Monday 25 August 11.30am</i>	<i>My GP, Dr Smith</i>	<i>My joints feel stiff. What can I do to maintain flexibility?</i>	<i>Dr Smith recommended specific assisted exercises and will refer me to a physiotherapist with experience in MND.</i>

Day, date & time	Who with	Questions you want to ask	Notes

Day, date & time	Who with	Questions you want to ask	Notes

Day, date & time	Who with	Questions you want to ask	Notes

Equipment Record

You can use this form to record any equipment you receive and who will be your main contact in case you need support.

Date	Item	Person or provider to contact	Contact number or email address
Example: 25 August	Rollator walking frame	Anne Jones A MADE-up Equipment Service	Add contact details as appropriate

Date	Item	Person or provider to contact	Contact number or email address

Date	Item	Person or provider to contact	Contact number or email address

Date	Item	Person or provider to contact	Contact number or email address

Medication Record

Keeping a record of any medications, nutritional supplements or tube feeds can help you, and those who support you, to track when you need to take each item.

Name of medications, supplements or tube feeds	Quantity, frequency and method	Date prescribed

Name of medications, supplements or tube feeds	Quantity, frequency and method	Date prescribed

Future Planning

Some things to start organising.....

Some things to start discussing.....

Enduring Power of Attorney

Date completed:

RIG / PEG discussed

Date completed:

Fitted:

Advanced Health Directive

Date completed:

NIV discussed

Date completed:

Commenced:

Statement of Choices

Date completed:

Voice banking

Commenced:

Financial Review

Date completed:

Date completed:

Notes:
