**999 Special Patient Information Form**

**Patient’s full name and date of birth** (this request cannot be processed without the patients D.O.B)

# NHS Number

**Patient’s address** - Please add other known addresses as necessary and ensure postcodes are included

# What is the special information about this patient that is relevant to the Ambulance Service?

**Any other relevant information - e.g DNAR, TEP etc.**

**Who is the patient’s next of kin or key contact person - if relevant**

(please include contact details)

# Has the patient consented to the sharing of the above information?

**Yes No**

Note: we are unable to process this information without consent

# Patients GP name

**Practice name and address** including email and telephone number

# Your name and role

**Additional comments**

Please attach any additional paperwork e.g. DNAR, ADRT, alternative care pathway.

## Please return this form via email to:

**For general special patient information sharing:**

swasnt.clinical-alerts@nhs.net

## For information specifically relating to frequent callers:

swast.clinicalsupervisors@nhs.net for Cornwall and the Isles of Scilly, Devon, Somerset and Dorset patients

northclinicaladvisors.swasft@nhs.net for Wiltshire, Gloucestershire, Bristol and former Avon area patients